

## TOWN OF CLINTON CAR WASH EVENT REQUEST FORM

		Date:
Name of O	rganization:	
Contact Person:		
Address: _		
Date and T	ime of Event:	
Purpose: _		
Hall across (during reg responsible responsible	of Clinton will supply the water. The water faucet is from the Town Christmas tree. The contact persular office hours) to turn on and off the water befor returning the key to the Selectmen's Office are to supply the necessary supplies i.e. soap, spond a hose for the event.	son listed above will need to pick up a key ore your event. The contact person is fter the event. The organization is
	of Clinton is not responsible for any personal injur perty damage to any motor vehicle or equipment.	ry to any participant or any customer or
Signature:	Must be over 18 years of age and present on the Town of Clinton property during the Car Wash event.	
Approved:		