



TOWN OF NORTH BROOKFIELD
MASSACHUSETTS 01535

OFFICE OF THE BOARD OF SELECTMEN

Town Offices
215 North Main Street
Telephone 508.867.0200
Fax 508.867.0249
selectmen@northbrookfield.net

Request for North Brookfield Resources

Date of request: _____ Date of Event: _____

Organization making request: _____

Contact person (phone number and email): _____

Number of attendees: _____ Time of setup: _____ Start time: _____ End time: _____

Town resources being requested:

INITIAL SELECTMEN'S APPROVAL _____ Date: _____

POLICE CHIEF APPROVAL _____ Date: _____

Any Cost or Concerns _____

FIRE CHIEF APPROVAL _____ Date: _____

Any Cost or Concerns _____

EMS DIRECTOR APPROVAL _____ Date: _____

Any Cost or Concerns _____

PARKS AND REC INITIAL APPROVAL _____ Date: _____

Any Cost or Concerns _____

PARKS AND REC FINAL APPROVAL _____ Date: _____

If requesting resources from BOARD OF HEALTH or SCHOOL DEPARTMENT please note they require an additional form, please attach a copy of the approved request to this form.

FINAL SELECTMEN'S APPROVAL _____ Date: _____