Hillsboro Facilities Use Application

Use: Civic Center Parking Lot_____ Historic City Hall_____

Date(s) Requested: _____

Hours Requested: _____

Organization's Name: _____

Type of Organization: Personal _____

Business _____

Non-Profit _____

Tax I.D. Number: _____

Contact's Name: _____

Address: _____

_____

Phone Number: _____

Email: _____

Event Description: _____

_____

_____

Will Taxable Items Be Sold _____ Will Alcohol Be Served _____

Attendance Charge _____ Estimated Attendance _____