



OFFICE OF THE  
**BOARD OF SELECTMEN**  
**TOWN OF MAYNARD**  
MUNICIPAL BUILDING  
195 MAIN STREET  
MAYNARD, MASSACHUSETTS 01754  
Tel: 978-897-1001 Fax: 978-897-8457

## TOWN BUILDING USE POLICY

### ACKNOWLEDGEMENT OF RESPONSIBILITY

I, \_\_\_\_\_, as chairperson or his/her designee of  
(Name)

The \_\_\_\_\_, accept responsibility for the  
(Board, Committee, or Organization)

Use of the Town Building during meetings and/or events held by my organization.

Furthermore, I certify that I have read the Town Hall Use Policy and I understand and

Agree to abide by the rules of use as set forth in the Policy.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

Print Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: Day \_\_\_\_\_

Evening \_\_\_\_\_

E-Mail: \_\_\_\_\_