

LAKE COUNTY WATER AUTHORITY

Bourlay Chickee Use Application

1. Complete application, be sure addresses and phone numbers are correct.
2. A refundable \$50.00 deposit will be required for use of the Chickee.
3. The Chickee may not be used until the completed application is approved and the deposit is paid. Make check payable to the Lake County Water Authority.
4. Unless other arrangements are made, the deposit will be returned by mail within 7 days of the date of use, providing the Chickee or benches have not sustained damage from the event use.
5. It is the responsibility of all visitors to conduct their activities in such a manner so as to prevent injury or loss of life to any person and to prevent damage to the real and personal property of the Lake County Water Authority.
6. No Alcoholic Beverages will be allowed at this facility.

Date of Use: _____ Estimated Time of Use: _____ Number of Participants: _____

Please Describe Event*: _____

***If hiring a vendor or using rental equipment, Certificate of Liability insurance from both the renter and the vendor providing the service must be provided to the Lake County Water Authority 14 days prior to your event.**

Name of Person Responsible: _____

Address: _____ City, State, Zip: _____

Day Phone: (_____) - _____ - _____ Evening Phone: (_____) - _____ - _____

Driver's License Number: _____ - _____ - _____ - _____ e-mail _____

In case of an **EMERGENCY**, please contact: _____

Day Phone: (_____) - _____ - _____ Evening Phone: (_____) - _____ - _____

Description of Vehicle: Year _____ Make _____ Color _____ License Plate # _____

The applicant agrees to defend, indemnify and hold harmless the LCWA and their agents, assigns, directors and employees from and against any and all claims, liabilities, losses and damages of any kind associated with or arising from the use of the Bourlay Chickee and benches under this reservation. I hereby acknowledge sole responsibility for any damages and all accidents or injuries to persons or property resulting from this group's use of the facility.

Signature of Applicant: _____

Office Use Only

Application Approved By: _____ Date: _____

Copy to: Site-resident _____ Applicant _____

Deposit Amount: _____ CS/CK# _____ Date Received : _____

Deposit Returned: _____ Mailed Deposit: _____
(Customer Signature) (Date & Staff initials)