

Town of Saguache
504 San Juan Avenue
P.O. Box 417
Saguache, CO 81149

Phone 719-655-2232
Fax 719-655-2699
Email tos417@centurytel.net

Application for use of Town of Saguache Facilities



Applicant: (Please put Name of Organization, Address, City, State, and Zip)

Contact Person: (Contact Information) (include email information if available)

Describe type of Use: _____

Date; Time; Facility Requested: _____

Date; Time; Facility Requested: (If different facility from above)

Plans on Removal of Human Waste and Trash: _____

Utilities required: (water, electric etc...) _____

Other Information: _____

Applicant Signature: _____ **Date:** _____

Office Use:
Approved by: _____
Date: _____
Time: _____