Town Of Tisbury
Department Of Public Works
115 High Point Lane
PO Box 788
Vineyard Haven, Ma 02568
Phone: 508-696-4220
Fax: 508-696-4221

Facility Use/Reservation Request Form

Application Date: _____

Name(s) or
Organization: _____

Mailing Address: _____

Phone: _____ Fax: _____

Facility Requested: _____

Date(s) Requested: _____

Time(s) Requested: _____

Approximate # of Participants: _____

Purpose of Request: _____

The sponsoring agency hereby agrees to use the facilities under the conditions set forth by the Town of Tisbury, Department of Public Works Commission. I have read the rules relating to the use of desired facility and agree to abide by these guidelines.

Signature : _____ Date : _____

Office Use Only : ___ Approved **___ Denied**

Special Condition : _____

Fees To be Paid : _____ Fee = 18¢ Per Person – Hour of Use

Signature : _____ Date : _____