Borough of Somerset
Public Facility Usage Request

Upon completion, please return this form and certificate of insurance to the
Office of the Borough Manager
347 West Union Street
Somerset, Pennsylvania 15501

Organization	Contact Person	Date of Request

Organization Address

Phone	Phone	Email

Date of Usage	Time of Usage	Description of Event

Please describe the public facility you wish to make use of (street closure, traffic detour, parking restriction, etc.)

Please not that the closure of a state highway also requires the approval of the Pennsylvania Department of Transportation.

Please describe the equipment you wish to employ (barricades, meter bags, etc.)

I/We will be providing the above mentioned items ❑   I/We wish the above mentioned items to be provided by the Borough ❑

A copy of a certificate of insurance naming the Borough of Somerset as an additional insured party is attached to this application. ❑

Unless specifically waived by the Borough, the inclusion of a certificate of insurance is necessary for approval of this application.

Signature of organization representative	Date

THE FOLLOWING BLOCKS ARE FOR BOROUGH USE ONLY

Date Received	Approved by	Date Approved

Notifications
Police ❑   Public Works ❑   Other_____

Comments