



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.)			
<i>Please not that the closure of a state highway also requires the approval of the Pennsylvania Department of Transportation.</i>			
Please describe the equipment you wish to employ (barricades, meter bags, etc.)			
I/We will be providing the above mentioned items <input type="checkbox"/> I/We wish the above mentioned items to be provided by the Borough <input type="checkbox"/>			
A copy of a certificate of insurance naming the Borough of Somerset as an additional insured party is attached to this application. <input type="checkbox"/>			
<i>Unless specifically waived by the Borough, the inclusion of a certificate of insurance is necessary for approval of this application.</i>			
Signature of organization representative			Date

THE FOLLOWING BLOCKS ARE FOR BOROUGH USE ONLY

Date Received	Approved by	Date Approved
Notifications		
Police <input type="checkbox"/>	Public Works <input type="checkbox"/>	Other _____
Comments		