



**Town of Oxford**  
**Application to reserve the Gazebo**

Please indicate type of Group requesting use by circling the appropriate category

- Category A** Government and non-profit organization which are located within the Town of Oxford  
**Category B** Private Groups and individuals which are comprised of predominately (at least 80%) Town of Oxford.  
**Category C** Business or corporations which are located within the Town of Oxford boundaries  
**Category D** Governmental and non-profit organizations which are located outside the Town of Oxford boundaries  
**Category E** Private groups and individuals who do not fall into the predominately resident classification (Category B)  
**Category F** Business or corporations which are located outside of the Town of Oxford boundaries

Group or Individual Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date(s) / Time(s) Requested: \_\_\_\_\_

Purpose: \_\_\_\_\_

Special Use requests (concessions, water, electrical, other...) \_\_\_\_\_

Expected attendance or visitors to your event. \_\_\_\_\_ (Please note: Public Safety may require additional RCMP present pending the type of event and attendance.

Security deposits will be forfeited if the gazebo is not restored to the original state, all litter removed, **OR** if damage occurs as a result of misuse, abuse to the Town of Oxford equipment or property. Inspections will be completed following your event by a Town of Oxford employee. Individuals may be charged additional fees for extending times past the scheduled reservation. I have read and I/We agree to follow and abide to the rules and regulations set forth by the Town of Oxford.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Damage deposit of \$75.00 is required and will be returned in full upon satisfactory inspection.

OFFICE USE

Additional information requested \_\_\_\_\_

Damage Deposit Amount **\$75.00** – cash or cheque

Damage Deposit Paid \_\_\_\_\_

Date of Request \_\_\_\_\_

Date Payment Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Approved / Denied: \_\_\_\_\_

Refund Requested: \_\_\_\_\_

Site Inspected by: \_\_\_\_\_