
TOWN ACCESS CODE SIGNATURE FORM

Date: _____

Name (Individual or Organization): _____

Address: _____

Phone: _____

By the signature below, you acknowledge that you have received the access code to enter the Town of St. Joseph's Town Hall main meeting room.

In addition, you also agree to not share this access code with any other individual or organization. If it is determined that the individual listed on this document has violated this agreement, you will forfeit your use of this facility immediately and indefinitely and also pay any related costs associated with the changing of the security codes again.

The maximum number of individuals from a single organization that will be given this code is 1.

I have read and agree to the rules and regulations outlined on this rental contract.

Applicant name (printed) : _____

Applicant Signature _____ Date _____

Office Use:

Authorization: _____
Print Name Signature Date Town Official Title