JOE GERARDI
Supervisor
MARY BELL
Town Clerk
LEO P. VANN
Highway Supt.
FRANK ZAPPALA
Town Attorney

TOWN OF SARANAC



In The Adirondack Mts.

NYS Rt. 3 - P.O. Box 147

Saranac, New York 12981

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GARY TEDFORD
Councilman
PHILIP RICE
Councilman
ROBERT BLAIR
Councilman
MICHAEL TEDFORD
Councilman

Rules for the Use of Town Hall

It is the philosophy of the present Town Board that the Town Hall should be available for use by the people of the Town of Saranac. The primary purpose of the Town Hall is for conducting business by the various Town Officers and then for use by town organizations and residents for various non-profit functions. In order to maintain the orderly operation of the Town Government and to insure the proper maintenance of the facility, some rules are necessary. It is hoped that these few restrictions and requirements will be accepted in the spirit in which they are presented.

- 1. No alcoholic beverages.
- 2. No tampering with the thermostats.
- 3. Children must be chaperoned at all times by a least one adult.
- 4. No unnecessary noise when any office is occupied or other meetings are being conducted.
- 5. The building is to be cleaned up and left in at least as good a condition as which it was found.
- 6. Before leaving, check that the toilets are flushed, the faucets are turned off completely, and turn off all interior lights.
- 7. Insure the doors are all securely locked.
- 8. Any damage is to be reported as soon as possible to the Supervisor, along with a written report of the circumstances surrounding such damage.
- 9. Immediately report any injuries directly to the Supervisor.
- 10. Permission for use is to be obtained only from the Town Supervisor (or his designee) as far in advance as possible in order to avoid conflicts of dates and disappointments.
- 11. There must be one adult who assumes responsibility for compliance with the basic rules as hereby listed.

| Name of Organization or person making this request | | Date and Time requested | |
|--|----------------------|------------------------------|--|
| Event or Purpose | Name, Address, phone | ne number of Adult in Charge | |
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