



# VILLAGE OF NEW PALTZ

## Building Use Policy

Organizations are welcome to request use of the two available meeting rooms at Village Hall. Room requests for Groups 1, 2 and 3 are reviewed and approved by the Village Clerk. Group 4 is reviewed and approved by the Mayor or the Mayor's designee according to the following criteria and priority:

**Group 1)** Meetings by any Village Board, Committee or Commission of the Village of New Paltz

**Group 2)** Other Committees recognized by the Village Board and having a Village Liaison.

**Group 3)** New Paltz Community groups. Preference will be given to the community groups whose membership or attendance is mainly village residents.

**Group 4)** Other community or outside New Paltz groups may request use of the rooms as long as the purpose is not commercial. Fundraising, admission fees, solicited donations and sale of food, beverages or other items are prohibited. **You MUST provide copies of insurance.**

**For Category 3 and 4 groups a completed Building use Request Form must be filled out and on file with the Village Clerk.** The name of the person and /or organization on the building use form is responsible for any damage to the room, property or facilities related to the event.

**NO group may use the building if their meeting date(s) is not scheduled with the Village Clerk and placed on the Village calendar.**

### Rules for Building Use:

1. All groups must leave the room(s) clean. Tables and chairs must be returned to their positions as arranged prior to the group's use. Kitchen must be cleaned and garbage removed.
2. The room thermostat must be returned to its posted setting.
3. All group meetings must be handicapped accessible. There is an elevator.
4. Keys for the elevator and rooms are available from the Village Clerk no earlier than 48 hours before the scheduled meeting between the hours of 9 a.m. and 4 p.m. The room(s) and elevator must be locked and keys returned at the end of the meeting. The keys should be placed in the mail slot outside the Building Department's office.
5. All lights (meeting room, bathroom and upper lobby light) must be turned off at the end of the meeting.
6. Smoking is prohibited.
7. The Village of New Paltz shall be held harmless in the event of an injury or accident related to the group's activities or for use of the meeting rooms.

25 PLATTEKILL AVE • NEW PALTZ, NY 12561  
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The Village of New Paltz prohibits discrimination against and harassment of any person because of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status, or any other characteristic protected under applicable federal or state law. VB Approved Form 1-13-2016



# VILLAGE OF NEW PALTZ

## Building Use Application

Individuals and organizations are welcome to request use of the two available meeting rooms at Village Hall. Room requests are reviewed for approval on a first-come, first-served basis at the discretion of the Village. Both meeting rooms are handicap accessible.

Date(s) Requested: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Preferred Room:  Large Meeting Room  Small Meeting Room  Both Meeting Rooms

Estimated Number of Attendees: \_\_\_\_\_ Kitchen Use Needed:  Yes  No

Description of Use: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Applicant Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization URL: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Preferred Contact:  Telephone  E-Mail

This function is:  Private  Open to the public

If open to the public the village calendar will have the following information listed: "For more information contact: \_\_\_\_\_."

Is the organization insured?  Yes  No

Insurance Carrier: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

I, \_\_\_\_\_, certify that the above information is correct and that I am the authorized representative of the above-named organization. I have read, understand and will comply with the VoNP Building Use Policy and have been provided with a copy of said policy.

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

### OFFICE USE ONLY

Application Approved?.....  Yes  No \_\_\_\_\_

Certificate of Insurance?.....  Yes  No \_\_\_\_\_

Keys Required:.....  Large  Small  Both  Kitchen

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