

TOWN OF BRIDGEWATER
OFFICE OF SELECTMEN
297 Mayhew Turnpike
Bridgewater NH 03222

Bridgewater Town House Agreement

Date of use _____

Type of Event _____

Start time of event _____ End time _____

Does this event require The Town of Bridgewater Public Safety Dept _____?

Please list below the person or persons and phone numbers responsible for the use of the town house:

By signing below you will be solely responsible for the use of the town house and the condition upon leaving the building.

_____ Date _____

Approved by _____ Date _____