

# HEBER PUBLIC UTILITY DISTRICT FACILITY USE PERMIT APPLICATION

## HPUD FACILITY REQUESTED

Heber Children's Park (39 Crane Lane) – Picnic Areas, BBQ, Play Equipment
Margarito "Tito" Huerta Park (1165 N. Palm Ave.) - Athletic Fields Only - No Picnic Areas or BBQ
Edward "Jiggs" Johnson Park (1171 Bloomfield Way) - Picnic Areas, BBQ, Play Equipment
Estancia Park (84 W. Correll Road) Half Basketball Court, Walking Path, Play Equipment
Recreation Center (156 Littlefield Way) 1200 sq. fl. open room with two restrooms and patio

### Primary Contact: (Person Responsible)

Name:		Title:						
Address:				•				
City:				State:			Zip:	
Home Phone:			Work Phone:	Fax:				
Public Phone:				Email:				
econdary Contact:						· · · · · · · · · · · · · · · · · · ·		
Name:			Phone:	<u></u>	Email:	······		
vent Information:	<u> </u>			· ····				
Type of Event				Number Expected to Attend				
Specific Conditions I	Must Be Met Ir	ncluding Insura	nce Requirements	- See Facility Us	e Policy			
NO				YES				
Requested Usage:								
Date of Event:				If More Than One Day – Last Date of Event:				
Days of the Week	Mon	Tue	Wed	Thur	Fri	Sat	Sun	
Start Time:		· · · ·		End Time:				
Special Times:			····		· · · · ·			
	·	<u> </u>						
C		Date:						

Use Permit Approved:	Denied:
HPUD STAFF SIGNATURE:	Date:
CONDITIONS OR COMMENTS:	

Facility Use Policy Number 3750



# Athletic Field and Recreation Center Use Permit

FIELD or RECREATION CENTER USE FOR

League/Team OR Event Activity:	
Name:	Number:

### IS THIS AN EXTENSION PERMIT:

### FIELDS or RECREATION CENTER:

Tito Huerta Baseball Field with Lights	Tito Huerta Soccer Field 1 with Lights	Tito Huerta Soccer Field 2	
Tito Huerta Soccer Field 3	Jiggs Johnson Park	Estancia Park	
Recreation Center			

#### TIMES:

Field or Recreation Center:		Start Date:			End Date:		
Days of the Week Mon		Tue	Wed	Thur	Fri	Sat	Sun
Start Time:				End Time:			
Special Times:							

Field:		Start Date:			End Date:		
Days of the Week Mon		Tue	Wed	Thur	Fri	Sat	Sun
Start Time:				End Time:			
Special Times:							

Field:		Start Date:			End Date:		
Days of the Week Mon		Tue Wed Th		Thur	Fri	Sat	Sun
Start Time:				End Time:			
Special Times:							

WAS A SNACK BAR REQUESTED? Yes No WAS CATERING AT RECREATION CENTER REQUESTED? Yes No WAS AN EVENT THAT CHARGES ADMISSION REQUESTED? Yes No (If yes, a copy of the Snack Bar AND Catering Authorization Form and a Health Permit must be on file.)

For Office Use Only: