

PARK FACILITIES RESERVATION FORM



1896 North 1800 West
Farr West, UT 84404
Phone – (801)731-4187
Fax – (801) 731-7732

Name or Organization: _____

Address _____ City _____ State _____ Zip _____

Contact Person: _____ Phone: _____

Proposed Use of Facilities: _____

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FEE SCHEDULE

Farr West City Resident - \$50

Non-Resident - \$100.00

Park (Circle One):

SMITH FAMILY PARK, NORTH – 2441 West 4000 North (closest to parking lot and restrooms)

SMITH FAMILY PARK, SOUTH – 2441 West 4000 North (closest to playground – middle)

SMITH FAMILY PARK, POND – 2441 West 4000 North

MOUNTAIN VIEW PARK – 1500 North 1700 West

FARR WEST PARK – 2090 North 2000 West

*FW park only – Will you need a water key? (\$10 deposit) YES/NO

Pick-up Date: _____

CIVIC CENTER PARK – 1896 North 1800 West

3300 NORTH PARK – 2565 West 3300 North

Dates and Times of Use: _____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Signature of responsible party: _____ Date: _____

HOSES & EXTENSION CORDS WILL NOT BE PROVIDED BY THE CITY. PLEASE PLAN ACCORDINGLY.
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OFFICE USE ONLY

Park Use Fee Required \$ _____ Amount paid: \$ _____ CASH/CHECK/CC

POST-USE

*Facilities clean: Y/N *Restrooms used properly: Y/N Water key returned: Y/N

Was there any damage? Y/N If so, what: _____
