



ORLEANS POLICE DEPARTMENT

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CHIEF OF POLICE
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APPLICATION FOR USE OF THE ORLEANS POLICE DEPARTMENT COMMUNITY ROOM

****Please write legibly****

Name of organization: _____

Address: _____

Name of contact person: _____

Contact phone: _____

Contact email: _____

Emergency contact name and phone: _____

Approximate number of attendees: _____

Check one: One-time use _____ or Repeat use _____

Date(s) with Start & End Times including set up and break down time (if needed):

Do you need an audio or video instruction/tutorial? Yes No

Authorization Signature (OPD): _____

Today's date: _____