Application For Use of Outdoor City Facilities
Park Picnic Shelters
(APPLICATION MUST BE SUBMITTED IN PERSON)

Name Applicant __________________________________________

Address ___________________________________________________ Unit # _____

City ___________________ Zip Code __________________________

Phone numbers: Cell __________________________________________ Email __________________________

A valid picture I.D. is required at the time of application to verify age and/or residency.

Proof of Signal Hill Residency (if applicable): ☐ Driver’s License ☐ Current Utility Bill ☐ Employed in Signal Hill

I certify that I am a resident of Signal Hill and that I will be onsite at the event for the entire duration of the event. I understand that if I am found to be renting the facility for a non-resident, the non-resident fees will be deducted from my deposit.

→ Initials: __________

Refundable damage deposit will be mailed to the address you provide 6 to 8 weeks after event

Description of Event: ___________________________________________ Event time should reflect setup and cleanup.

Event day: ___________ Event date: ___________ Start time: _______ End time: _______

Picnic Shelter rental must be made in increments of 4 hours

Choose a Park ☑:

☐ Discovery Well Park  (Residents Only) (25 capacity)

☐ Picnic Shelter #1 or #2  (circle one) ☐ Jumper ☐ Amphitheatre *REQUIRES PARKS AND RECREATION COMMISSION APPROVAL

☐ Signal Hill Park

☐ Picnic Shelter (circle one) (50 capacity) #1 or #3 ☐ Jumper (choose from approved vendor list)

☐ Amphitheatre ☐ with electricity *REQUIRES PARKS AND RECREATION COMMISSION APPROVAL

☐ Open Space  *REQUIRES PARKS AND RECREATION COMMISSION APPROVAL

☐ Reservoir Park

☐ Picnic Shelter (50 capacity) ☐ Jumper (choose from approved vendor list)

☐ Open Space  *REQUIRES PARKS AND RECREATION COMMISSION APPROVAL

☐ Hilltop Park  (Adults only)

☐ Picnic Shelter #1 or #2 (circle one) ☐ Wedding Open Space (max of 75 people)

Community Services Department • 1800 E. Hill Street Signal Hill CA 90755 • (562) 989-7330

Revised 4-19-2022
EXPECTED ATTENDANCE:  Adults ___________  Children ___________  Total Attendance ___________

Fundraising Event?  ☐ Yes  ☐ No
Is the public invited?  ☐ Yes  ☐ No
Will admission/donations be charged/accepted?  ☐ Yes  ☐ No

APPLICANT VERIFICATION
I, the undersigned, on behalf of the above named organization, do hereby agree to indemnify the City of Signal Hill, according to the attached indemnification form, and to abide and enforce the rules, regulations and policies governing the facility as set forth by the City of Signal Hill.

SIGNATURE OF APPLICANT: ___________________________________________  DATE: ____________