



## Community room Reservations

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Event: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name/Address for deposit refund: \_\_\_\_\_

Tables & Chairs Required:        YES \_\_\_\_\_ NO \_\_\_\_\_

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### Responsibility for Damages

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By signing below, I agree to assume responsibility for the condition of the City of Heath Community Room during time of use. The Community Room has been inspected by city staff prior to use and will be inspected again after the time of use is completed. If there is any damage, I agree to assume responsibility for any cleaning or repairs required. I do agree to pay \$50.00 per hour for use of the Community Room, in addition to a \$500.00 security deposit. The security deposit will be refunded after the security card is returned (Due the evening of the event in the drop box) and after the rental has passed inspection. The security deposit will not be refunded if the room is left in an unsatisfactory condition, or there is damage to the room or its furnishings.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

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Date Deposit Received \_\_\_\_\_ Deposit Amount \_\_\_\_\_  
Check \_\_\_\_\_ Credit \_\_\_\_\_ Cash \_\_\_\_\_

Date Rental Fee Received \_\_\_\_\_ Rental Amount \_\_\_\_\_  
Check \_\_\_\_\_ Credit \_\_\_\_\_ Cash \_\_\_\_\_

Signature of person picking up key \_\_\_\_\_

Key Returned- YES \_\_\_\_\_ NO \_\_\_\_\_

Return Deposit- YES \_\_\_\_\_ NO \_\_\_\_\_