

CLINTON COMMUNITY BUILDING RENTAL AGREEMENT

Name of Renter: _____ Phone #: _____

Address: _____

Resident Non-Resident FD Member Board Member Other

Rental date(s) and time: _____

Event Description:

Total Rental Fee(s): _____

Damage/Cleaning Deposit: _____

TOTAL: _____

AMOUNT PAID: _____ Date Paid: _____ Check # _____ or Cash

RECEIPT #: HR _____ Balance Due: _____

AGREEMENT:

- I have read the Clinton Hall Policy and Guidelines and agree to abide by such.
- Alcohol will not be served at this event.
- Alcohol will be served at this event. I am responsible for any injuries or accidents. I have provided a copy of my home owner's or caterer/vendor's insurance is with _____, and I have provided a copy of this portion of the insurance policy at the time of signing this agreement.

SIGNATURE OF RENTER: _____

REFUND OF DAMAGE/CLEANING DEPOSIT

Community Building was found unsatisfactory. Record cleaning and/or damage issues and provide recommendations for further actions:

Community Building was found satisfactory, clean, in good order with no damage noted.

Date of Refund Approval: _____ Amount to be Refunded: _____

Building Custodian Signature: _____

REFUND: Clinton Township Claim #: _____ Date: _____ Township Check #: _____