



69 Lincoln Lake Ave NE, Lowell

Vergennes Township Community Room Rental Application

- Rental Fees are \$150.00 for a 6-hour rental, additional time is \$25.00 per hour, paid in full hour increments.
- Homeowner Associations within the township meeting rental with NO food or drink - \$50.00
- Use of the Audio/Visual equipment – see additional costs below
- Security deposit is \$200.00.

Rental Date and Hours (Includes set up and clean up!) _____

Today's date _____

Name _____

Address _____

Phone _____ Email _____

Estimated Attendance _____

Purpose of Event _____

1. Rental Fee and security deposit are due with application and will secure your reservation date. *(Please pay with separate checks, if possible, when event is within 3 months for convenient return of security deposit when conditions below are met. If the event is further out than 3 months, we will bill the deposit one month from event.)* Audio Visual fees need to be paid before the event.
2. Security Deposit is refundable within 10 days following rental, after conditions on check list are met, and any additional fees are paid.
3. A complete refund is available only if the reservation is canceled at least 2 weeks in advance.
4. The Township reserves the right to refuse or revoke permission to use the facility.
5. Building entry – about a week before your rental you will be given a code to enter the building and a phone number if you need any help.

Additional Fees -

- Late charge - \$25 each new hour _____
- Audio/Visual Charges –
 - Bluetooth – \$25 _____
 - Monitor usage for power point/photo displays - \$25-\$50 - _____
 - Microphones, camera for remote capabilities - hourly charge, staff required, minimum \$50 - _____

I agree that I have read the rules and conditions, and that I accept complete responsibility and liability for damage to the building and /or equipment it contains and agree to adhere to all building usage rules and regulations as outlined in the Township's written policies. I agree to hold Vergennes Township and its elected and appointed officials, employees, or all those working on behalf of Vergennes Township, harmless from all claims arising from the use of the Township facilities.

Signature _____ Date _____

Print Name _____

Name of Organization and Title if applicable _____

Vergennes Township Office Use

CLEANING CHECK LIST

- Are tables and chairs returned to the appropriate locations? _____
- Has the carpet been vacuumed? _____
- Walls, doors and ceiling checked for damage? _____
- Is the kitchen clean? _____ Refrigerator, sink, oven, microwave all clean? _____
Trash removed? _____
- Are restrooms cleaned, and all trash removed. _____
- List any damages - _____