

ENOCH CITY CORPORATION
Application for Room Use

Name of Person or Organization: _____

Contact Person: _____ Phone Number _____

Date of Requested Use: _____

Time of Use: Arrival _____ Departure _____

Purpose of Room Use _____

Number of Persons Expected: _____

Room Requested: _____ City Council Chambers
 _____ Upper Floor of Library Building

Other Considerations:

_____ Will you be serving food and beverages? Only light refreshments are allowed to be served in the room. Food that requires heating is not allowed.

_____ Is there a commercial, profit, business, or financial element connected to the use of this room?

Fees: \$30.00 user fee for 1 to 4 hours.	Check Number: _____
\$50.00 user fee for more than four hours.	Check Number: _____
\$100.00 cleaning & damage deposit.	Check Number: _____

The \$100.00 deposit check will be kept with your reservation. This check will be destroyed when the city staff verifies the room has been cleaned up and left in good condition. If damage is done to the room or left dirty, the deposit check will be used to make repairs or necessary cleaning.

I, the undersigned, under the penalties of perjury, declare that I have examined and completed the above application, and to the best of my knowledge and belief, said application is a true, correct and complete assessment of the intended use of the room. I have read, understand and agree to abide by the rules and conditions of the room use as set forth in the "Enoch City Corporation Room Use Policy".

Applicant Signature _____ Date _____

Application Approved _____ Disapproved _____ Date _____