

UNION TOWNSHIP
(Non-Resident of Township)

(Form adopted 4-3-12)

(Form Revised 9-3-14)

(Form revised 6-20-17)

HALL RENTAL FORM

Date to be Used _____ Date Requested _____

Person/Organization _____

Address: _____

Purpose of Use _____

Time: Beginning _____ End _____ Phone # _____

Rental Fee: **Non-Resident \$150.00** (Please send contract and \$150.00 check or money order)

THE RENTER AGREES:

1. **Not to bring or consume alcoholic beverages on the premises.**
2. Not to be used for dances or gambling on the premises.
3. **To clean the premises and place all refuse in containers. Renter will be responsible for the cost of a Professional Cleaner of the Trustees choice if not left in original condition. Renter may be denied to rent the Hall in the future.**
4. To reimburse Union Township for any damages to premises, building and equipment.
5. To use only the designated building, kitchen facilities and restroom(s).
6. To accept the premises in its present condition and return it in the like condition.
7. The undersigned applicant agrees to indemnify and hold harmless Union Township and its members or agents against all liability for any personal injury or property damage occurring on or to the demised premises.
8. To vacate the premises at the scheduled times.
9. No personal property shall be on the premises other than during the rental period.
10. **Not to attach posters or signs to the premises. Nothing including balloons, posters, signs or anything else is permitted to be attached to the walls or ceiling**
11. To return all property to designated storage spaces.
12. To return key, if issued, to Union Township representative by (12:00) noon day after event.
13. **To provide copy of a driver's license of designated person responsible for person/organization using township hall.**
14. Township hall may not be used to profit any individual or group. Non-profit organizations may use the township hall for fundraiser events with the final approval from trustees.

I have read, understand, and agree to abide by the terms of the above agreement.

Signature : _____ Date: _____

Lessee (Group)

Designated person responsible for key _____

Date Key returned: _____ Time: _____

REQUEST OF APPLICATION Approved OR Denied

Contacts: Matt Furbee 740-506-3729 Trustee

Mike Sullivan 740-852-4892 or 614-578-3225 Trustee

Gary Bogenrife 740-852-2180 or 614-989-9758 Trustee

Rachel Kimbler 740-506-6266 Fiscal Officer _____

Robert Darlington 740-604-0016