

IDA TOWNSHIP COMMUNITY ROOM RENTAL AGREEMENT

The Ida Township Community Room has a capacity of 80 people. Only adults may reserve the room. The room is available from 9:00 a.m. to 10:00 p.m. on the day it is reserved.

The following are the regulations for rental of the Community Room as determined by the Ida Township Board.

1. No alcoholic beverages are allowed on the premises.
2. No smoking in the building.
3. Decorations shall be free standing. No taping, nailing, stapling or tacking of décor to walls, ceilings or fixtures. If décor is taped to windows, windows must be free of all tape marks and cleaned at end of rental. **NO GLITTER** or party shapes.
4. Lessee to provide all garbage bags and kitchen supplies (utensils, towels, etc.)
5. Reservations will be taken at the Ida Township office during normal business hours. Upon approval, a \$100 refundable security deposit will be required to reserve a rental date. **The rental fee of \$200.00 must be paid two (2) weeks in advance of any event.**
No refund of the rental fee will be made regardless of whether the room is used or not.
6. The \$100 security deposit will be refunded following an inspection of the room so long as it has been cleaned and nothing has been damaged. The person renting the room whose signature appears on this form is fully responsible for any damages. If damages are found, the security deposit shall be forfeited as to that portion which is necessary to repair such damage. If the cost of said repairs exceeds the \$100 security deposit, damage charges will be invoiced by Ida Township to the lessee and shall be paid in full no later than one month following the date on the invoice. A 1.5% monthly service charge will be assessed for non-payment following the initial 30 days. Lessee shall also be responsible for all attorney fees and court costs required to recover payment and interest on said invoice.
7. Lessee agrees to release Ida Township from all liability due to loss, theft, personal injury or property damages that may occur to any person or property thereon during the period of occupancy.
8. Ida Township reserves the right to cancel any scheduled use of the Community Room if operations should require it. In such a case, every reasonable effort will be made to provide the lessee with adequate advance notice.
9. Custodian will be available at the beginning of occupancy set up time that is listed on back, and must be called at the conclusion of any function. Phone numbers are provided.
Please call the custodian if there are any changes to the event set up time.
10. Animals are not allowed in Community Room (with the exception of Seeing Eye dogs for the blind).

\$200.00 Rental Fee

EVENT DAY & DATE: _____

(Saturday, December 31, 20XX)

THE FOLLOWING GUIDELINES MUST BE OBSERVED BEFORE LEAVING THE PREMISES:

1. Call the custodian.
2. Make sure the oven and all burners are turned off and clean.
3. Remove all food and perishables from the refrigerator.
4. Remove all decorations and return all furniture to original placement.
5. Floors: Clean up any spills immediately, pick up litter.
6. Wipe all counters, tables, and chairs.
7. Place chairs upside down on cleaned tabletops.
8. Flush all toilets and turn off all restroom/hall lights.
9. All trash must be bagged and taken to the dumpster. (between the Library & Fire Dept)

Please return form to:
 Ida Township
 PO Box 239
 Ida, MI 48140
 734.269.3045
 Township office is closed on Fridays

ACCEPTANCE OF TERMS

The undersigned (Lessee) accepts and agrees to abide by all terms, policies and guidelines as set forth herein.(see back)

Printed Name: _____ Signed: _____
 (Please print neatly) Ida Township Office

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____

Custodians: John and Trisha Wood

Cell: (734)915-8433 John
Cell: (734)915-8442 Trisha

Event Set up Time: _____ Event End Time: _____

Type of Event: _____

Deposit Paid: (date) _____ Amount: _____ Check # _____

Rent Paid: (date) _____ Amount: _____ Check # _____

Ida Township Hall Security Deposit Refund/ Authorization

Refund Authorized: yes [] no [] Custodian Approval/Signature _____

Remarks: _____

For office use only: Contract to Clerk for refund: (date) _____ (initials) _____