

THE FOLLOWING GUIDELINES WILL BE MET WHEN RENTING PLAIN CITY SENIOR CENTER

____ Rental of Facility is for residents of Plain City only

____ The person renting the facility shall be responsible for any damage to the facility, contents, grounds or parking area and shall pay for damages in full.

____ All non-profit organizations, youth groups, etc. must be presented to the City Council for consideration of reduced rate and will be decided on a case-by-case basis. All groups under 18 years of age shall be accompanied by an adult 21 years of age or older.

____ When renting the facility, it will be used "as is" with no alterations to the equipment, building, lighting, etc. NO tape or nails on walls, doors, etc.

____ There shall be no decorations hung on the walls or ceiling. All traces of decorations must be removed from chairs, tables, etc. Should there be any remaining signs of decorations such as paper, pins, staples, tape or damage to the building or grounds, the cleaning deposit will be forfeited.

____ Please leave the tables and chairs set up as found. **See diagram on the back of checklist.**

____ NO alcoholic beverages will be allowed in the facility or surrounding premises.

____ NO smoking inside or outside the building, as per Clean Air Act.

____ All garbage shall be put in plastic bags and placed in the dumpster in the northwest corner of the parking lot.

____ The facility shall be left clean. Floors shall be swept and mopped as needed. Remove any personal food from the refrigerator. The following shall be wiped clean: cabinets, tables, microwave, stove, ovens and refrigerator. Please check restrooms to be sure they are clean. Cleaning supplies are located in the closet in the men's restroom.

____ Renter shall furnish tablecloths, napkins, dishtowels and dish soap.

____ Renter should use equipment in kitchen instead of his or her own so as not to get utensils mixed up.

____ Please check doors upon leaving to make sure they are locked. **Leave keys and checklist in key box on wall by outside door.**

____ A checklist is attached for your use. If there are any problem areas when you arrive, take special note and report this on the checklist. **If necessary, an emergency contact number is 801-668-0997.**

____ Rental Fee Schedule that includes access to the restrooms is as follows:

Cleaning deposit	\$100
West room rental with kitchen	\$75
East room rental	\$50

____ Payment of rental fees shall be made at the time of reservation.

____ Cleaning deposit is required when the key is picked up at the City Office during regular business hours but not more than 48 hours.

____ Cleaning deposit shall not be refunded if more than one hour of cleaning is needed to clean the facility or damages are found. There may be additional charges if this is the case. **No deposit will be refunded without attached checklist.**

____ If building is left acceptable, your cleaning deposit check will be available to pick up **on the afternoon** of the first business day after rental only. If it is not picked up on that day, the City will deposit your check and shall issue a refund check for the cleaning deposit within 14 days after rental and inspection.

____ All reservations shall expire at 12:01 a.m. and the building vacated. No overnight reservations.

____ Cancellations will be accepted 72 hours prior to planned usage of the building. If notice is not adequate, fee is nonrefundable. Any appeals can be made to the City Council.

I have read the guidelines and understand that I am responsible for the building and grounds for the following day and time.

Signature _____ Date to be used: _____ Time to be used: _____

Print name _____ Address: _____

Phone: _____ # of Rooms: _____ Amount Paid: _____ Date paid _____