



Hall or Picnic Shelter Request and Rental Form

Only Monroe Township Residents Can Rent These Facilities

I, _____ (name of organization or individual) agree to indemnify and hold harmless Monroe Township and their agents and employees from all liability, claim, and damages or any cost accruing from the use of the township facilities. Certificate of Liability Insurance may be required to Monroe Township together with Rental Deposit as detailed below.

1. Only non-profit events are allowed.
 2. Keys shall be picked up during business hours, Monday thru Friday, 7:00 a.m. to 8:00 a.m. or 3:00 p.m. to 3:30 p.m. three days before using the facilities.
 3. The facility must be left in as good as or better condition that it was found. You must inspect the area for any damage before and after you use it. Report any damages to the Service Department employee.
 4. Facilities may not be used if it interferes with township business.
 5. The Trustees may deny use of the facilities if a majority of the Board of Trustees agrees that its proposed use is not in the best interest of the community.
 6. The group/individual wishing to use the facilities must make the request three days in advance.
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1. Door key shall be left on conference table, lock door as you leave.
 2. Service Department employee(s) will be responsible for issuing the key.
 3. Rental is \$25, however, an additional \$100 (deposit) must be submitted with this application. After your event, an inspection of the facility will occur. If the facility is clean, damage free and furniture is restored to its original position, the \$100 deposit will be refunded.
 4. NO ALCOHOLIC BEVERAGES ALLOWED. NO SMOKING IN THE TOWNSHIP BUILDING.

Suggested supplies that may be needed:

- Extra toilet tissue
- Cleaning supplies (dishwashing liquid, paper towels, dishtowels, etc.)
- Extension cords

If you are paying by check, it will be used as your receipt. If paying in cash, a receipt will be issued by the Fiscal Officer. The refund will be picked up by the person renting the hall or check will be destroyed if so desired.

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I have read the rules and agree to abide by them.

_____ (Responsible individual/group signature) Date _____

Your Address _____

Phone _____ Reason (type of party, etc) _____

Date/Location Facility is Requested _____

Time Period _____ (start) to _____ (end)

Hall is left clean No damage to walls or fixtures Furniture set back in place Key turned in

If you have any questions, please call (513) 734.6460.