

Town of River Bend Municipal Building Meeting Room Use Request Form

Application Date						
Name of Organizatio	on /Group / Individu	ual Requesting the Build	ing			
Type of Business / Meeting Being Conducted				Is this event a PUBLIC E anyone may attend and fu ☐YES ☐NO	ully participate?	
		CONTACT INFO	RMATION			
Name			Phone Email	Phone Number Email		
Address						
RESERVATION INFORMATION						
Date of Event	Reservation Time Start Time:	e End Time:	,	Will food or drinks be served?	□YES □NO □YES □NO □YES □NO	
One-Time Event Recurring (if yes, how often)						
ROOM SELECTION			Τ	ROOM USAGE FEES		
Please select one of	f the Municipal Bui l	lding rooms listed below		\$40.00 - Up to Four Hours Use in a Day		
Max Capacity: 12		ax Capacity: 84 people	\$80	0.00 – More than Four Hours l 0.00 – Kitchen Use	Jse in a Day	
☐ Large Ro		☐ Small Room		00.00 - Kitchen Use 00.00 - Deposit		
REQUEST FOR WAIVER OF MEETING ROOM USAGE FEE						
	g a waiver of the me	eeting room fee, please				
☐ <u>Waiver Requester</u>	<u>d</u> – Please explant	I				
 By Signing Below You Agree to the Following: Town business takes precedence over all reservations, and it may become necessary for you to reschedule. You have received a copy of the Town's Building Use Policy and agree for you and your guests to abide by it. It is your responsibility to clean up after your activity and return the building to its pre-event condition. You will notify a town employee or Police Officer (252-638-1108 option 1) of any damages that occur ASAP. Failure to clean up or damage to the building will result in loss of your deposit and possible loss of future usage. You can only use the building between the start time and end time stated above. The person who signs below is personally/financially responsible for any damages that occur during the event. Use ONLY painters tape, provided by the town, to attach anything to the walls. 						
Responsible Party Sigr	nature		Printed Name			
For Official Town Use Only						
Room Usage Approval by Town Manager		Date Wa	iver Approva	al by Town Manager	Date	
Free Descriped Dr				Payment Meth	- 4	
Fees Received By Date Am		OUNT	Payment Methy	aa		