



Today's Date: \_\_\_\_\_

**CITY OF ROOSEVELT PARK  
COMMUNITY CENTER/GAZEBO RENTAL AGREEMENT  
City Hall Office Hours: Monday – Thursday 8:00 am to 5:00 pm,  
Fridays 8:00 to Noon, 231-755-3721**

I hereby request the use of the Community Center and/or Gazebo. I have received and understand the rules and regulations governing the use of the above named facilities and accept all responsibility for this group or organization.

Date to be Used: \_\_\_\_\_ Community Center Gazebo

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Number of people expected: \_\_\_\_\_

Event: \_\_\_\_\_

\$450.00/\$100 Rental Fee: \_\_\_\_\_ (paid in advance to book date)

\$200.00/\$50 Security Deposit: \_\_\_\_\_ (paid when key/sign picked up)

I hereby certify that the facts set forth in this application are true and complete. I understand that this agreement is not assignable and I will not assign or allow other persons to use the premises during the period of the rental agreement. I understand and agree to waive any claims and release the City from any and all damages which may be sustained by the applicant or any other person(s) occupying the premises while the applicant is in possession of the premises. I agree to abide by all the rules and policies, as I have received, regarding the use of the community center and/or gazebo. I agree that my security deposit will be forfeited if the premises are not in the same condition as they were upon the commencement of the rental agreement. Premise will be inspected after the rental date to determine if security deposit will be returned. If entire deposit is refundable, renter will receive deposit within two business days after the rental. Partial refunds of deposits may take up to 30 days for processing. **The City will not make special arrangements to open the Community Center/restrooms for any individual and/or organization failing to obtain a key prior to your event.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*OFFICE USE ONLY*

Driver License Copy: \_\_\_\_\_ Residency Verified: \_\_\_\_\_

Security Deposit Refundable: Yes \_\_\_ No \_\_\_ Partial \_\_\_\_\_

Deposit Check Destroyed: \_\_\_\_\_ Returned: \_\_\_\_\_ Mailed: \_\_\_\_\_