

City Hall Reservation Request
City of Boyne City
319 N Lake Street, Boyne City, MI 49712 (231) 582-6597

<i>Area Reserved: check all that apply</i>	<i>Room Fee:</i>
<input type="checkbox"/> City Commission Chambers	\$ 100.00
<input type="checkbox"/> Parkview Conference Room	\$ 75.00
<input type="checkbox"/> Outdoor Patio	\$ 100.00
<input type="checkbox"/> Community Training Room	\$ 100.00
<input type="checkbox"/> Community Training Room Kitchen	\$ 50.00
<input type="checkbox"/> East Conference Room	\$ 50.00
<input type="checkbox"/> West Conference Room	\$ 50.00
<input type="checkbox"/> Non Cleaned/Damage Deposit	\$ 100.00
<input type="checkbox"/> Food <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No	

*If yes, certificate of insurance must be provided
naming the City of Boyne City as additionally insured*

Total fee(s) for reservations: _____

Reservation Date: _____

Time of reservation: Start _____ End _____ **Make sure to include set up & clean up time**

Name of Group: _____ Non-Profit: ()

Type of Activity: _____

Contact Person: _____ Day Phone: _____

Email: _____ Cell Phone: _____

Address: Street _____

City _____ State _____ Zip Code _____

Waiver of Liability: In consideration of the City of Boyne City allowing us to reserve the property indicated above, we agree to assume any and all liability and to hold the City of Boyne City harmless against any liability which may arise due to the use of the above property, except for those claims arising out of the sole negligence of the City of Boyne City, its agents, and/or employees.

We further acknowledge that the City of Boyne City assumes no responsibility for any damages or injuries which may occur during the use of the property indicated except for those claims arising out of the sole negligence of the City of Boyne City, its agents, and/or employees. We further agree to abide by all ordinances, laws, and regulations of the City of Boyne City and the State of Michigan.

Conditions of Use/Rules and Regulations form was received

Signature: _____ Date _____

Office Use Only - Do not write below this line

Fees Received: \$ _____ Date: _____ Staff Initials _____

Cancellation Contact Person: _____ Date: _____

Refund Authorization: () No Refund () Refund Staff Initials _____

Post Reservation Room Checklist

- Room was returned to the original layout/configuration
- Tables were wiped down.
- Electronic equipment was turned off.
- Carpet was vacuumed/floor was swept.
- Trash was removed from the building.
- Doors to the patio were locked if an upstairs room was used.
- Room lights were turned off, windows were closed and locked and doors were closed.
- The elevator was locked and left open on the second floor.
- The large gray stairway door was closed.
- Keys left at the City Hall desk.

- Kitchen floor had been swept or mopped if applicable.
- Countertops and sinks and sink areas were clean, if applicable.
- Refrigerator was left clean and items removed, if applicable.

Any damage noted to room? Yes _____ No _____

If yes indicate what needs to be taken care of: _____

Full cleaning/damage deposit to be returned? Yes _____ No _____

Cleaning/damage deposit amount to be returned AFTER damages are taken care of. Amount to be refunded: _____

Staff Signature _____ Date _____