## BUILDING RENTAL CONTRACT TOWN OF LIVONIA COMMUNITY CENTER

APPLICATION DATE:			FUNCTION DATE:		
TYPE OF F	UNCTION:				
HOURS:		AM / PM	UNTIL	AM / PM	
NAME OF	RENTER:				
ADDRESS	:				
CITY:					
TELEPHO	NE:				
CONTACT	PERSON:				
	Person affiliated w	ith group or organ	ization that is renting cen	ter.	
for the use grounds, i equipmenthe Town rental fee	nunity Center or on the groun e of the facility. Persons or gr buildings, or equipment. Miss at must remain in the building Clerk at least 30 days prior to in case of extenuation circurnat I have read, understand, a f this facility. I acknowledge rith same.	roups renting facili sing or damaged a g. No refunds of de o scheduled event. mstances.	ity accept full responsibil rticles will be billed acco posits unless notice of ca The Town of Livonia rese th the policies as set forth	ity for any damages to rdingly. All furnishings and ancellation is furnished to rves the right to refund the	
RENTER'S SIGNATURE			DATE		
		(For Office U	se Only)		
DEPOSIT	(Reservation and Damage) \$	<b>5</b>	DUE WHEN RESERVATIO	N MADE	
RENT	\$	DATE	RENT DUE:		
TOTAL	\$				
Town Representative			Date		