BUILDING RENTAL CONTRACT
TOWN OF LIVONIA
COMMUNITY CENTER

APPLICATION DATE: _____ FUNCTION DATE:_____

TYPE OF FUNCTION: _____

HOURS:_____ AM / PM UNTIL _____AM / PM

NAME OF RENTER: _____

ADDRESS:_____

CITY:_____

TELEPHONE:_____

CONTACT PERSON:_____
Person affiliated with group or organization that is renting center.

The Town of Livonia will not accept responsibility for any injuries, accidents, or stolen articles occurring in the Community Center or on the grounds during the occupancy by any group or person granted permission for the use of the facility. Persons or groups renting facility accept full responsibility for any damages to grounds, buildings, or equipment. Missing or damaged articles will be billed accordingly. All furnishings and equipment must remain in the building. No refunds of deposits unless notice of cancellation is furnished to the Town Clerk at least 30 days prior to scheduled event. The Town of Livonia reserves the right to refund the rental fee in case of extenuation circumstances.

I certify that I have read, understand, and will comply with the policies as set forth by the Town of Livonia for the use of this facility. I acknowledge receipt of the Community Center Rules and Regulations and agree to comply with same.

RENTER'S SIGNATURE_____ DATE _____

(For Office Use Only)

DEPOSIT (Reservation and Damage) $_____ DUE WHEN RESERVATION MADE

RENT $_____ DATE RENT DUE: _____

TOTAL $_____

Town Representative _____ Date _____