

# **PLYMOUTH TOWNSHIP COMMUNITY ROOM RENTAL AGREEMENT**

Please read the following agreement and complete the application below. Upon completion, enclose the \$200.00 rental and \$50.00 deposit, for a total of \$250.00, with this application. Checks must be payable to PLYMOUTH TOWNSHIP. Mail the rental agreement and deposit fee to: Plymouth Township, 4350 Runkle Ave. Ext., Ashtabula, OH 44004. Once received, your application request will be addressed at the next Plymouth Township Trustees' meeting. You will be advised of the availability of the Community Room. If the room is not available, you can consider an alternative date or have your rental/deposit fee returned.

Upon completing and signing the Community Room Agreement, the applicant agrees to the following "Terms, Conditions, and Charges" which will be enforced by the Plymouth Township Trustees.

1. Applicant must be a current Plymouth Township resident.
2. Applicant is financially responsible for damages to the Community Room.  
**NO HANGING OF ANYTHING (SUCH AS DECORATIONS/SIGNS) FROM THE CEILING TILES OR SUPPORT RAILS.**
3. Township Trustees are not responsible for any accidents and/or loss of property.
4. No smoking and no use of alcoholic beverages/drugs are permitted on the property.
5. No weapons of any kind are permitted inside the building.
6. No parking in front of the fire engine bay doors at any time.
7. No one is allowed in the fire station side of the building.
8. Rental occupancy must not exceed **90** persons.
9. All Community Room rental events must end no later than 11:30 p.m.
10. It is the responsibility of the applicant to clean and leave the Community Room as it was found.

**COMMUNITY ROOM CHARGES:** The minimum rental is four (4) hours at \$200.00. Each hour afterward is \$30.00 per hour. The total number of hours **must be paid in full with the application.**

**HALL DEPOSIT FEE:** The deposit of \$50.00 is included in the \$250.00 fee. This deposit is **NOT** refunded if the room is reserved and later cancelled. This deposit will be refunded to the applicant if it is determined by the Trustees that the room was left in acceptable condition. If damages occur and exceed the \$50.00 deposit, the applicant will be responsible for the difference and be billed accordingly.

## **PLYMOUTH TOWNSHIP COMMUNITY ROOM RENTAL APPLICATION**

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE ROOM IS NEEDED: \_\_\_\_\_

REASON FOR RENTING AND FOR WHOM: \_\_\_\_\_  
\_\_\_\_\_

HOURS ROOM WILL BE NEEDED: STARTING: \_\_\_\_\_ ENDING: \_\_\_\_\_

IS THERE AN ALTERNATE DATE FOR THE ROOM? \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE