

**RENTAL/ RESERVATION FORM
BURESH COMMUNITY ROOM**

Rental/Reservation Date(s): _____ Time: _____ am/pm until _____ am/pm
_____ Time: _____ am/pm until _____ am/pm
_____ Time: _____ am/pm until _____ am/pm

(Please include time(s) needed for set-up/decorating/take-down as well as actual event;
rental/reservation hours available are between 6am and 10pm, Sunday- Saturday)

Name: _____

Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

e-mail: _____

Activity to be held: _____

Name of Group or Person using facility: _____

Non-Profit Status: (Please circle one) YES NO (If "yes", must show proof of nonprofit status with IRS)

Check: _____ I need a key (pick up and return to city hall); \$25 refundable key deposit
_____ I need the Buresh Room opened for me at _____ am/pm
_____ I need the Buresh Room locked for me at _____ am/pm

| Rental Fee(s) Required: | Rental Fee |
|--|----------------|
| • Free to Boards, Commissions, Committees established by the Springville City Council | \$ <u>0.00</u> |
| • \$15.00 per day for Local Non-Profit groups | \$ _____ |
| • \$30.00 for the first four (4) hours and \$15.00 for each additional two (2) hours of use by all other groups or individuals | \$ _____ |
| Total Due \$ _____ | |

I hereby certify that I have reviewed the Buresh Community Room Use Policy and agree to all conditions.

Signature: _____ Date Signed: _____

- Make check payable to Springville Memorial Library
- Attach check to Rental/Reservation Form
- Turn in check and form to City Clerk

Reservation APPROVED _____ DENIED _____ DATE: _____

BY: _____ Amount PD \$ _____ Date PD _____

** Contact Person: Susan Cooper (319-854-6331) if there are questions or special circumstances about getting facility opened for event and closed following it. **