

Chad Schmelzer, Mayor
Bob Bodish, Mayor Protem
City Council
Valerie Cromer Bonnie Dietrich
Mat Mueller Daryl Petsche

City of Garnavillo
104 North Main Street
PO Box 14
Garnavillo, Iowa 52049
563-964-2331

Melissa Atkinson
Administrator/Clerk
Chad Schroyer
Public Works Supervisor
Chad Dugan, Police Chief

GARNAVILLO COMMUNITY CENTER RENTAL AGREEMENT

Rental Fees:

- | | |
|---|-------------------------------------|
| () Non-Profit and Community Benefit Groups | Free with Signed Rental agreement |
| () Business Meeting, Garage Sales, Shower | Resident \$40 + \$25 deposit |
| () Business Meeting, Garage Sales, Shower | Non-Resident \$50 + \$50 deposit |
| () Larger Event - Full building w/Kitchen | Resident \$100 + \$150 deposit |
| () Larger Event - Full building w/Kitchen | Non-Resident \$125 + \$175 deposit |
| () Extra partial day for set up or take down | \$10 |

Deposits shall be paid in the form of a separate check payable to the City of Garnavillo and shall be returned to the Lessee when the building key is returned and the facility is found to be in good and proper condition after inspection by city staff. Please use attached checklist.

Fees include cleaning charges that are provided by a city employee. Lessee shall be responsible at the close of the event or meeting for cleaning and mopping wet or dry spills as they occur, washing and replacing any dishes used and placing all trash and garbage in receptacles located outside and adjacent to the building.

Rental Date(s): _____

Type of Event: _____

Organization: _____

Name: _____ **Renter Phone:** _____

I have read the rental agreement rules and I understand any violation may result in the forfeiture of partial or all of the security/damage deposit. I also agree to hold the City harmless from any liability arising from my conduct or the conduct of guests during the event.

Date _____ **Signature of Person** _____

Renting Facility

Do not write in this space – Office Use Only

Total Rental Amount Received \$ _____ Security Deposit Received \$ _____

Type of Payment _____ Type of Payment _____

Date Key Issued _____

Key Returned Yes No

Facility Cleaned-up: Yes

Security Deposit:

* Amount to be refunded \$ _____ Type of Refund _____ Date _____

*Explanation of partial/no refund _____
