

Chad Schmelzer, Mayor  
Daryl Petsche, Mayor Protem  
City Council  
Valerie Cromer Mat Mueller

## 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  
Kari Hoyheim, 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 \_\_\_\_\_