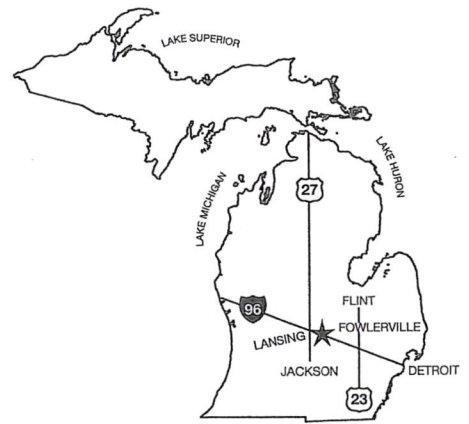


Village of Fowlerville

213 South Grand Avenue
 Fowlerville, MI 48836
 Phone (517) 223-3771 Fax (517) 223-7435
 Police (517) 223-8711
 website www.fowlerville.org



Village of Fowlerville Fowlerville Community Park

Permit #: _____

Large Pavilion Special Event Rental Permit

NON-EMERGENCY number for event: Monday-Friday, 8 AM – 5 PM 517-223-3771; after regular business hours and weekends, 517-712-2478

To be completed by applicant:

APPLICANT NAME: _____ TODAY'S DATE: _____
 APPLICANT ADDRESS: _____
 APPLICANT MAILING ADDRESS: _____
 APPLICANT PHONE #: _____

PROOF OF RESIDENCY WITHIN THE VILLAGE OF FOWLERVILLE: You are considered a resident of the Village if you live within the Village limits and/or pay Village Taxes. Please provide a copy of your State ID/Driver's License.

DATE OF EVENT: _____ PURPOSE/DESCRIPTION OF EVENT (use a second page, as needed, for layout): _____

RATE

	Non-Resident	Resident	Electricity
A – Large Pavilion Community Park [Groups of 75+]	\$200/Day	\$175/Day	\$10
		\$100 Security Deposit (refundable)	

NOT VALID WITHOUT PAID RECEIPT, PERMIT NUMBER, and APPROVAL FROM VILLAGE COUNCIL

TERMS OF AGREEMENT

This permit authorizes a special group activity event at the above specified park and pavilion for a total fee of \$ _____/Day as approved on (date) _____, 20 ____.

I understand that by signing this document, I certify that I am responsible for said group and group activity event. I also understand that the rental/permit fee is **NON-REFUNDABLE**.

I understand that should there be any damage to the property caused by said group, I am responsible for full repair or replacement costs of damaged property. If the Village should be required to clean the site, I shall forfeit my \$100.00 security deposit. I further certify that I have read and understand the pavilion rental policies listed on the reverse and agree to abide by said policies.

HOLD HARMLESS CLAUSE and INSURANCE REQUIREMENTS

The Village of Fowlerville assumes no responsibility for any damages, loss of property, injuries and or sicknesses incurred by me or any accompanying persons as a result of using this facility and grounds. I agree to defend, pay on behalf of, indemnify and hold harmless the Village of Fowlerville, its elected and appointed officials, employees, volunteers and other working on behalf of the Village of Fowlerville against any and all claims, demands, suits or loss that be connected in any way to the use of this facility. The Village reserves the right to deny any applicant use of the facility based on the type of activity or liability exposure.

A Certificate of Liability Insurance is required for additionally insured.

Your signature affirms that you are the person named on this contract, that you have read this contract and that you are at least 18 years old.

 Applicant Signature

 Date

 Village Official Signature

 Date

 DPW Signature

 Date

Conditions: _____ (please circle) APPROVED DENIED Receipt #: _____