

CHAGRIN FALLS TOWNSHIP

83 North Main Street
Chagrin Falls, Ohio 44022
(440) 247-8422

Trustees

Thomas F. Florkiewicz
John Finley
Brian Paul

Fiscal Officer

Elizabeth Boles

WEEK DAY RENTAL AGREEMENT – (MONDAY – THURSDAY)

Please fill out in duplicate. Keep one copy and send or email one copy to the Township office with a security deposit of \$250.00 and at least half of the rental fee. Township email for rentals is eamaciver@roadrunner.com.

Name, address, and email of person/organization responsible for event:

NAME Where did you hear about renting Township Hall?

ADDRESS EMAIL

Phone number: _____ Dates of Activities: _____

Time: _____ to _____ A.M./P.M (circle) Type of Event: _____

Please include the time it will take to set up and clean up the Hall in your rental hours.

Per the fire code the number of persons attending cannot exceed 110 w/ tables and 250 without tables.

Rental Fee is \$30.00 per hour up to 10 hours. The fee is \$300.00 for 10 to 24 hours of the same day (the “Daily Rate”).

I will _____ **will not** _____ need the use of the speakers and/or microphones at an additional cost of \$45.

I will _____ **will not** _____ need the use of the projection unit, which includes the speakers and microphones at an additional cost of \$100.

Security Deposit Received: _____ (Check # _____)

Rental Fee Received: _____ (Check # _____) Balance Due: _____

Please make out 2 separate checks – one for the \$250.00 security deposit and one for at least half the rental fee. **Make checks payable to Chagrin Falls Township.** Mail contract and checks to 83 N. Main St., Chagrin Falls, OH 44022, ATTN: Betty MacIver

The undersigned Applicant has read the “Township Hall Rental Policy” pertaining to this request and use of the Chagrin Falls Township Hall, which are incorporated herein, and agree to be bound by the same. The Policy can be found at www.chagrinfallstowship.org/hallrental/html.

Signature of Applicant
Revised: July 20, 2018

Date