

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

RENTAL AGREEMENT – Daily Rental by For Profit

Please fill out in duplicate. Keep one copy and send one copy to Township Office with at least 50% of the rental fee and a separate security deposit check. Balance of rental fee is due before use of Town Hall commences.

Name/address of person/organization responsible for event:

NAME Where did you hear about renting Township Hall?

ADDRESS EMAIL

Phone number: _____ Rental Dates: _____ Type of Event: _____

Chagrin Falls Non-Profit Sponsor and contact: _____

Chagrin Valley Chamber Member (Initial to confirm membership): _____

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.

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.

Rental Fee (\$500.00/day - Initial and provide check number): _____

Security Deposit (\$250.00.00 – Initial and provide check number): _____

Please make out 2 separate checks – one for the \$500 security deposit and one for at least half of the rental fee.

Make checks payable to Chagrin Falls Township. Mail contract and checks to Chagrin Falls Township, 83 N. Main Street, 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

Date