



TOWN OF OCEAN VIEW
 201 CENTRAL AVENUE-2ND FLOOR
 OCEAN VIEW, DE 19970
 PHONE: 302-539-9797 / FAX: 302-537-5306
 smiller@oceanviewde.gov

**REQUEST TO RESERVE USE OF
 OCEAN VIEW TOWN HALL MEETING ROOM
 32 WEST AVE., OCEAN VIEW DE 19970**

PERSON / ORGANIZATION: _____

RESERVATION DATE REQUESTED: ____ / ____ / ____ TIME: FROM ____ TO ____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ CELL: _____

DATE OF REQUEST: ____ / ____ / ____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ CELL #: _____

- CONDITIONS FOR USE OF TOWN MEETING ROOM**
- NO MORE THAN 99 PEOPLE CAN USE THE ROOM AT ONE TIME BY ORDER OF THE FIRE MARSHALL.
 - PERSON/ORGANIZATION RENTING ROOM IS RESPONSIBLE FOR ANY PERSONAL LIABILITY AND DAMAGE TO THE ROOM IN EXCESS OF SECURITY DEPOSIT.
 - ROOM MUST BE LEFT IN ORIGINAL CONDITION.
 - IF DAMAGES OCCUR OR ROOMS ARE LEFT IN IMPROPER CONDITION, THE FOLLOWING FEES APPLY:
 - STEAM CLEANING CARPETS \$150.00
 - VACUUMING CARPETS \$ 35.00
 - CLEANING RESTROOMS \$ 35.00
 - OTHER COSTS TO REPAIR ADDITIONAL DAMAGES WILL BE BILLED AT COST PLUS 10% ADMINISTRATIVE FEE.

SIGN BELOW WHEN PICKING UP KEY

By accepting this key to the Ocean View Town Hall, I understand that it is not to be loaned to anyone and is for my official agreed to rental usage. I also agree to notify the Town immediately if this key is lost or stolen at 302-539-9797 (M-F business hours) 302-855-2980 (weekends / business after hours). **Key must be returned within 2 business days.**

AUTHORIZED KEY HOLDER (please print name): _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

REQUEST APPROVED BY: _____ DATE: ____ / ____ / ____

DEPOSIT AMOUNT: \$ _____ CASH _____ CHECK # _____ DEPOSIT RETURNED ON: ____ / ____ / ____

RENTAL AMOUNT: \$ _____ CASH _____ CHECK # _____ CC AUTH # _____

KEY SIGNED OUT ON: ____ / ____ / ____ KEY COLOR: _____ KEY RETURNED ON: ____ / ____ / ____