

**REQUEST TO RESERVE USE OF:
 OCEAN VIEW COMMUNITY CENTER MEETING ROOM
 32 WEST AVE., OCEAN VIEW DE 19970
 P: 302-539-9797 (M-F business hours)
 P: 302-855-2980 (weekends / holidays/ business after hours)
 E: smiller@oceanviewde.gov**

**TOWN OF OCEAN VIEW
 201 CENTRAL AVE.
 2nd FLOOR
 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 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 / CLEANING OF FLOORING \$150.00
 - CLEANING RESTROOMS \$ 35.00
 - OTHER COSTS TO REPAIR ADDITONAL DAMAGES WILL BE BILLED AT COST PLUS 10% ADMINISTRATIVE FEE.
- **NOTICE: THIS FACILITY, EXTERIOR AND INTERIOR IS UNDER SURVELLANCE AT ALL TIMES**

SIGN BELOW WHEN PICKING UP KEYCARD

By accepting this keycard 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 keycard is lost or stolen at 302-539-9797 (M-F business hours) 302-855-2980 (weekends / business after hours).

KEYCARD MUST BE RETURNED WITHIN 2 BUSINESS DAYS.

AUTHORIZED KEYCARD HOLDER (please print name): _____

KEYCARD SIGNED OUT ON: ____ / ____ / ____ KEYCARD RETURNED ON: ____ / ____ / ____

OFFICE USE ONLY

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

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

RENTAL AMOUNT: \$ _____ CASH _____ CHECK # _____