

**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: reservations@oceanviewde.gov**

**TOWN OF OCEAN VIEW  
201 CENTRAL AVE.  
2<sup>nd</sup> 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 ADDITIONAL DAMAGES WILL BE BILLED AT COST PLUS 10% ADMINISTRATIVE FEE.
- **NOTICE: THIS FACILITY, EXTERIOR AND INTERIOR IS UNDER SURVEILLANCE 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 # \_\_\_\_\_