



TOWN OF OCEAN VIEW
201 CENTRAL AVENUE-2ND FLOOR
OCEAN VIEW, DE 19970
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REQUEST TO RESERVE USE OF TOWN MEETING ROOM

PERSON/ORGANIZATION: _____

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

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____ CELL: _____

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

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.
- KEYS AND COMPLETED CHECKLIST MUST BE RETURNED WITHIN TWO BUSINESS DAYS.
- 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.

AUTHORIZED KEY HOLDER: _____ KEY COLOR: _____

KEY RECEIVED ON: ____ / ____ / ____ KEY RETURNED ON: ____ / ____ / ____

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