



## Meeting Room Use Agreement (Page 1 of 3)

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ If non-profit, please provide tax ID: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Person responsible for meeting: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Start time and end time should include all time needed for set up and clean up. **Please note: Key Card is only valid for the time indicated on this form.** If a District employee is dispatched to lock or unlock the room outside of the time indicated below, the organization will be responsible for an "On-Call" employee for a fee of \$150.00. When not being used for District needs, the Board room is available from 5:00 p.m. to 9:00 p.m., Monday through Friday only.

**A \$250.00 Security Deposit is due upon booking. Security Deposit will be held until the final meeting reoccurrence.**

Single Use Request

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Expected number of attendees: \_\_\_\_\_ Est. parking needs: \_\_\_\_\_

Multiple Use Request

Organizations are limited to 4 meetings/month and the Meeting Room may only be booked no more than 6 months in advance.

Describe frequency use request: \_\_\_\_\_

\_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Expected number of attendees: \_\_\_\_\_ Est. parking needs: \_\_\_\_\_

## **Meeting Room Use Agreement** (Page 2 of 3)

I have read and understand the rules and regulations for usage of the Southwest Suburban Sewer District meeting room and will take full responsibility to abide by those rules and regulations. I do hereby understand that I am responsible for the supervision and control of any group or individuals while using the meeting room to ensure their safety, prevent injury and/or damage to the equipment, property or grounds of the facility. The applicant has authority to make this application and agrees to comply with all facility rules and regulations, and assume liability for any and all damages that are due to the negligence of the applicant.

### **Indemnification / Hold Harmless**

Applicant shall indemnify and hold harmless Southwest Suburban Sewer District, its officers, officials, employees and volunteers from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of use of premises or from any activity, work or thing done, permitted, or suffered by Applicant or Users in or about the Premises, except only such injury or damage as shall have been occasioned by the sole negligence of the District, or its officials and, employees.

By signing the Meeting Room Use Agreement, I have read, understand and will follow the conditions of the agreement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Meeting Room Use Agreement (Page 3 of 3)

**This page is to be completed by SWSSD staff only.**

Organization Name: \_\_\_\_\_

## Pre-Meeting Verification

Proof of Eligibility:

Proof of Liability Insurance:

Security Deposit Received:  Date: \_\_\_\_\_

Key Card Pickup Date Arranged:  Date: \_\_\_\_\_  
(Key Card pick up and training during business hours only.)

Key Card Picked Up By: \_\_\_\_\_ Key Card ID: \_\_\_\_\_

## After Meeting Checkout List

Key Card Returned?  yes  no

Room returned to original condition and damage free?  yes  no

If no, please note damages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost of repair: \_\_\_\_\_

Additional staff costs incurred: \_\_\_\_\_

Deposit \_\_\_\_\_

Damage/Cost to Repair (minus) \_\_\_\_\_

Staff Cost (minus) \_\_\_\_\_

Lost Key (minus) \_\_\_\_\_

Total to be refunded \_\_\_\_\_

Total Billed \_\_\_\_\_ Date Invoice Sent: \_\_\_\_\_

Key Card Returned?  yes  no Check #: \_\_\_\_\_

Mailed to: \_\_\_\_\_

Picked up in person: Date: \_\_\_\_\_ Signature: \_\_\_\_\_