



# Charter Township of Van Buren

46425 Tyler Rd Van Buren Township, MI 48111-1299 (734) 699-8900

## APPLICATION TO USE MUNICIPAL CENTER MEETING ROOM

Please type or print legibly

The Applicant must be 18 years of age or older. The Applicant, or another individual so designated in writing ("Applicant's Agent") must be present during the time the Meeting Room is being used. This application must also be signed by the Applicant's Agent, either at the time the application is submitted or when checking in with the Clerk's office prior to using a Meeting Room. Please read the Municipal Center Meeting Rooms Policy, Rules, and Regulations before completing this form. The form must be completed in full before a decision regarding use can be made.

### Section 1:

Applicant's Name: \_\_\_\_\_ Phone # (1): \_\_\_\_\_ Phone # (2): \_\_\_\_\_

Please check one:

- I reside within the Township
- I am an authorized agent or employee of a non-profit organization located within the Township
- I am an authorized agent or employee of a non-profit organization that is not located within the Township, but which proposes to use a Meeting Room in order to provide a service or benefit (for example, civic, educational, or charitable) to the Township's residents;
- None of the above

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # (1): \_\_\_\_\_ Phone # (2): \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

### Section 2:

**This Section must be completed if the Meeting Room will be used by a non-profit organization and must only be completed by an individual who is authorized to act on behalf of the organization to reserve and use a Township Meeting Room**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone # (1): \_\_\_\_\_ Phone # (2): \_\_\_\_\_

### Section 3

Please describe how the Meeting Room will be used. What type of activity will take place and for what purpose? Failure to adequately complete this Section may result in a delay or denial of approval. Additional information may be requested:

Anticipated Attendance: Total: \_\_\_\_\_ Children: \_\_\_\_\_ Adults: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Day of the Week: MO TU WE TH FR SA

Requested Time In: \_\_\_\_\_ a.m. /p.m. Requested Time Out: \_\_\_\_\_ a.m./p.m.

(Please note that Time In and Time Out includes set-up and take down time)

Room(s) Requested:  Denton \$10  Otisville \$ 20  Sheldon \$20  Otisville/ Sheldon \$35

Number of tables and chairs needed (if applicable) Tables: \_\_\_\_\_ Chairs: \_\_\_\_\_ (Tables are 3 feet by 6 feet)

I certify that I have received a copy of the Application, Municipal Center Rules and Regulation and the Release and Waiver of Liability, General Policy Regarding Rental and Use, Schedule and Hours, and Cancellation Policy (Which I have read), and I agree on behalf of myself and any non-profit organization that I am representing.

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

**FOR OFFICIAL USE ONLY—The Township will complete this Section**

Amount of Fee received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Facility (or facilities) requested:  Approved  Denied

Additional Information Needed and/or Other Conditions and Requirements