

# VALLEY VIEW SEWER DISTRICT

## Public Meeting Room Use Application

Name of Organization: \_\_\_\_\_  
Purpose of Meeting: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Person Responsible for Meeting: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Billing Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DATE AND TIME

Single Use:  Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Weekly Use:  MON  TUE  WED  THUR  FRI  SAT  SUN   
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Monthly Use:  MON  TUE  WED  THUR  FRI  SAT  SUN   
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Estimated # of Attendees: \_\_\_\_\_

### Additional Information

\_\_\_\_\_  
\_\_\_\_\_

*I understand and agree to the conditions of the attached Valley View Sewer District Public Meeting Room Guidelines. I also certify that the information given is true and correct.*

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

### FOR VALLEY VIEW STAFF USE

Approved:  Yes  No  Does not meet guidelines  
Fee Waived:  Yes  No

Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FEES (1-hour minimum charge)**

Damage Deposit: \$ 100.00 Payment Received By: \_\_\_\_\_  
Number of hours: \_\_\_\_\_ Check #: \_\_\_\_\_  
\$20/hr. \_\_\_\_\_ Date: \_\_\_\_\_  
Total Paid: \_\_\_\_\_ FEES WAIVED:

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

**KEY CARD**

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

**PRE-MEETING WALK-THROUGH**

No damage noted:  Damage noted:

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

District Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if available)

**POST-MEETING WALK-THROUGH**

No damage noted:  Damage noted:

If damage noted: Cost to Repair: \_\_\_\_\_ plus Staff Costs: \_\_\_\_\_

List Damage: \_\_\_\_\_  
\_\_\_\_\_

Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if available)

**After the Meeting**

Key Card Returned:  Yes  No

Deposit Returned:  Yes  No

Date Returned: \_\_\_\_\_ Amount: \_\_\_\_\_

Deposit \$ 100.00

Via: In-Person

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

U.S. Mail

Staff Costs (minus) \_\_\_\_\_

Lost Key Card Fee \$20 (minus) \_\_\_\_\_

TOTAL TO BE REFUNDED \_\_\_\_\_

TOTAL TO BE BILLED \_\_\_\_\_

Date Invoice Sent: \_\_\_\_\_ Amount: \_\_\_\_\_

If mailed, to whom: Name: \_\_\_\_\_

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

District Signature: \_\_\_\_\_ Date: \_\_\_\_\_