

**TOWN OF MOORESVILLE
FACILITY USE REQUEST FORM**

Name/Organization: _____

Point of Contact: _____

Address: _____

City, State, Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ Fax Number: (____) _____

Non-Profit Organization: _____ Individual: _____

Day and Date Requested: _____ Room(s) Requested: _____

Time Requested: _____ a.m./p.m. to _____ a.m./p.m.
(This includes set-up and clean-up time.)

Purpose: _____ Number of People Expected: _____

The Mooresville Town Council reserves the right, in its sole discretion, to deny any facility use request and/or revoke any previously granted request to use a Town facility for any lawful reason.

A Fifty Dollar (\$50.00) refundable deposit is required at least twenty-four (24) hours in advance of the date of the use of the kitchen facility. See our Town of Mooresville – Use of Meeting Room Policy number Sixteen (16).

A Thirty Dollar (\$30.00) refundable deposit is required at least twenty-four (24) hours in advance of the date of the use of all other rooms of the facility. See our Town of Mooresville – Use of Meeting Room Policy Number Nineteen (19).

All rooms must be reserved a minimum of two (2) weeks in advance.

STATEMENT OF RESPONSIBILITY: The organization/individual agrees to abide by all regulations of the Town of Mooresville regarding use of the facilities and accepts full responsibility for any damage caused to the building furnishings and equipment resulting from this meeting, other than normal wear and tear. The group will vacate the building by 10:00 p.m. The undersigned responsible Mooresville (Brown Township) resident has read and retains a copy of the Policy for the use of the facility and received access information and training/instruction for same.

Signature: _____

Received this _____ day of _____ 201____.

TOWN STAFF COMPLETES SECTION BELOW:

Application and security access key and instructions received: _____

Scheduled: _____

Deposit Received: _____ Deposit Returned: _____

**ACKNOWLEDGEMENT AND AGREEMENT OT COMPLY WITH
TOWN OF MOORESVILLE'S FACILITY USE POLICY**

I have read and understand the Town of Mooresville, Indiana ("Town") Facility Use Policy and agree to be bound by all the terms and conditions set forth therein.

I will leave the Town facility I use in the same condition that it was immediately prior to my use thereof. I agree to pay for any damage, repair or clean-up costs incurred by the Town as a result of my use of a Town facility.

I hereby certify that I, and the organization I represent, if applicable, agree to be bound by the Town's Facility Use Policy and by any additional conditions or restrictions placed upon my/our use of a Town facility by the Town Council. I understand that the Town Council has a right to deny, alter or revoke my request for the use of a Town facility for any lawful reasons. I and/or my organization also agree to indemnify and hold harmless the Town of Mooresville and all of its directors, officers, employees, agents and affiliates from any claims of whatever natures (whether foreseeable or not) arising from or in connection with this Application for any damages, costs or expenses incurred directly or indirectly as a result of my/our use of the Town-owned facility and/or property.

Please sign below and acknowledge receipt of the Town Policy forwarding the completed form to the Town of Mooresville, Attn: Clerk/Treasurer, Mooresville Government Center, 4 E. Harrison St., Mooresville, IN 46158 for review by the Mooresville Town Council.

APPROVED this _____ day of _____, 201 ____.

MOORESVILLE TOWN COUNCIL

Name of Organization/Applicant

Joe Beikman

Signature of Authorized Agent/Applicant

Mark Mathis

Printed Name and Title (If Applicable)

Virginia Perry

Address of Organization/Applicant

David Rogers

Date

Tom Warthen

ATTEST:

Sandy Perry, Clerk/Treasurer

Special Conditions: _____

