

CHAGRIN FALLS TOWNSHIP

83 North Main Street
Chagrin Falls, Ohio 44022
(440) 247-8422

Trustees

Thomas F. Florkiewicz
J. Jeffrey Homans
Michael W. Wise

Fiscal Officer

Elizabeth Boles

Please fill out in duplicate. Keep one copy and send one copy to Township office with rental deposit (at least 50%) and a separate deposit check. Balance of rental fee is due before use of Town Hall commences. (Revised 1/10)

Name and address of person/organization responsible for event:

Phone number: _____ Dates of Activities: _____

Time: _____ to _____ A.M./P.M. (circle) Tax I.D. number: _____
(if applicable)

You will receive the key to the Township Hall the time you write down. Please include the time it will take to set up and clean up the Hall in your rental hours.

Number of persons attending: _____ (110 fire code max.)

Rental Fee (\$200.00/day): _____

Deposit: _____

Security Deposit received _____
(\$250.00 – separate check)

Balance Due: _____

The undersigned Applicant has read the “Township Hall Rental Policy” pertaining to this request and use of the Chagrin Falls Township Hall, which are incorporated herein, and agree to be bound by the same. The Policy can be found at www.chagrinfallstowship.org/hallrental/html

Signature of Applicant

Date

RECEIPT

The Clerk/Trustee hereby acknowledges receipt of this request, the deposit for the rental and the security deposit above set forth.

Date

Revised: April 29, 2010

SMOKING IS NOT PERMITTED ANYWHERE IN TOWNSHIP HALL