

CHAGRIN FALLS TOWNSHIP  
83 North Main Street  
CHAGRIN FALLS, Ohio 44022  
(440) 247-8422

Trustees  
STEPHEN G. THOMAS  
DIANA A. NAZELLI  
J. JEFFREY HOMANS

Clerk  
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 2/07)

Name & address of person/organization responsible for event:

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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 Town 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 Hall rental requirements and 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.

\_\_\_\_\_  
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

**SMOKING IS NOT PERMITTED ANYWHERE IN TOWN HALL**