Vernal City Municipal Center Use Agreement



No Event will be scheduled until the required fees have been paid.

Name (Please Print)
Organization Name:
Telephone / Cell #: E-Mail:
Mailing Address:
Description of Activity:
Will food be served at this event? □ Yes □ No If yes, □ Full Meal or □ Light Refreshments
Number of Participants Anticipated:
Room(s) Requested to be used: □ Community Room □ Attorney/Client Rooms □ Administrative Conference Room □ Planning Conference Room □ Other
Equipment / Furniture Needs:
Date(s) of Activity: Time(s) of Activity:
Applicant Acknowledgment: As the applicant requesting permission to use the Vernal City Office facilities, I hereby understand and agree to comply with all regulations governing the use of this facility as attached:
Applicant Signature Date
For Official Use only
Approved Denied Conditions of Approval:
Conditions of Approval:
Signature of City Manager Date Approved

VERNAL CITY FACILITY RENTAL SECURITY DEPOSIT AGREEMENT

Name of User:	
Address / Phone #	
Facility to be rented: _	
Date of Rental:	
Purpose of Rental:	
Deposit Required: _	
(All deposits paid	l to Vernal City shall be deposited by Vernal City upon receipt.)
deposit provided that 1) completely cleaned all supervisor. Further, the or cleaning of any dama Return of any of the second	
User's Signature	Date
Vernal City Use only: Date of Deposit:	Amount of Deposit:
Cash □ yes □ no	Check #
Facility inspected by:	
Facility cleared for retu	urn of deposit: yes \square no \square Date:
If not cleared, damage	noted:
Date Deposit refunded	to user: Amount Refunded: