



Date Stamp

COMMUNITY ROOM RESERVATION REQUEST

Please complete this entire form and submit to the City Clerk's Office. Approval of this request is contingent upon Community Room availability, submission of the request at least one week prior to event date, and insurance approval. It is understood that this application is only a request for facility use and is subject to approval by the City Manager or designee. Confirmation for use will be by mail, fax, or email transmission from the City Clerk's Office.

Applicant/Organization Name is (please check appropriate box):

- Federal/State/County/other City Agency: _____
- Educational Group: _____
- Nonprofit Civic Group: _____
- Other: _____

Address: _____

Contact Person of Organization: _____

Coordinator of Event (if different from contact person): _____

Telephone No.: _____ Fax No.: _____

Estimated Attendance: _____ Email Address: _____

Purpose of Activity/Meeting: _____

Requested Date: _____

Meeting Time: From _____ a.m./p.m. to _____ a.m./p.m. Setup Time: _____ a.m./p.m.

- I attest that I am legally authorized to file this request on behalf of the stated organization. Additionally, this authorization will bind the organization to the conditions required of this application for use of the Community Room located in the Agoura Hills Civic Center at 30001 Ladyface Court, Agoura Hills, CA 91301.
- I certify that I have read the *City of Agoura Hills Community Room Reservation Policy, Procedures, and Guidelines for General Use* and agree to adhere fully to their conditions and intents. I will assume full responsibility for informing the organization I represent of said policy and procedures and their conditions, and I will ensure that they are followed by those in attendance at this event.

- I understand that a certificate of insurance with a liability limit of no less than \$1,000,000 shown on the face of the certificate and an endorsement naming the City of Agoura Hills as additional insured must be submitted with this request or insurance must be purchased through the City's Risk Management Department.
- I will ensure that the Community Room and City Hall premises will not be used in an illegal manner and that I will remain on the premises at all times during use. I understand and that no smoking or alcohol are allowed in the facility.
- Our organization will be responsible for any costs incurred for damage to City equipment and/or facility. The costs will be paid directly to the City of Agoura Hills via the City Clerk's Office.
- I have read and understood the conditions concerning cancellation by the City and further understand it is my responsibility to notify the City of Agoura Hills of any cancellation or changes to the above.
- I understand fully that the City may reject this request. The filing of this request does not grant permission to use the facilities until such permission is granted by the signature of the City manager or designee to this request.
- It is acknowledged that all reservations are granted with the understanding that the City of Agoura Hills may cancel such reservations for City or Library purposes.

CERTIFICATION: I certify that I have read and will abide by the *City of Agoura Hills Community Room Reservation Policy, Procedures, and Guidelines for General Use of the Facility*. In consideration of approval to use the above referenced property, the undersigned, on behalf of the organization, hereby assumes the risk of damage or loss in connection with the use of such property, agrees to be responsible and liable for all injuries to persons and for all damages to real and personal property caused by or resulting from the use of such property and further agrees to defend, hold harmless and indemnify the City of Agoura Hills and its officers, agents, and employees against and with respect to any and all demands including interest, penalties, and reasonable attorney fees arising out of, resulting from, or relating to the use of said City property.

SIGNATURE OF APPLICANT:

_____ Date: _____

Please print name: _____

FOR CITY USE ONLY		
<input type="checkbox"/> Request Approved	<input type="checkbox"/> Insurance Received	<input type="checkbox"/> Request Denied
By: _____		Date: _____
Additional Information: _____		
