

Fall River Town Hall Rental Agreement

Person of Group Renting the Facility: _____

Contact Person: _____

Address: _____

Phone: Home: _____ Work; _____ Cell: _____

Date(s) of Rental: _____

Time(s) of rental(event must end by 10:00 p.m.) _____

Rental Fee:

Township Resident-\$30.00 per occasion

Fee paid via: Check: _____ Cash: _____

Nonresident- \$60.00 per occasion

Fee paid via: Check: _____ Cash: _____

Damage Deposit- &75.00

Fee paid via: Check: _____ Cash: _____

ALL POLICIES AND REGULATIONS OF THE STATE OF ILLINOIS AND FALL RIVER TOWNSHIP HALL APPLY TO EACH MEMBER OF THE GROUP RENTING THE FACILITY.

Damage Deposit: Fall River Township shall return damage deposit in the sun of \$75 in full or part, depending upon final condition of the rental facility. Any damages over the deposit amount shall be the responsibility of the Contracture.

These conditions shall include, but are not limited to:

1. Trash taken to outside dumpster and outside area picked up.
2. Tables and chairs replaced to original location and on proper carrier.
3. Floors swept clean of debris, carpet vacuumed.
4. No alcohol allowed on township property.
5. No smoking in the building.
6. No pets in the building.
7. No nail or pins in the walls.
8. Remove all decorations, tape, etc. for the walls, furniture, etc.
9. Do not leave children unattended.

LIMITATION OF LIABILITY: The Township shall not be liable for any damage occasioned by the failure to keep the facility in repair and shall not be liable for any damage caused by any part of the facility premises. The undersigned agrees to indemnify and hold harmless the Township from any damages or causes of action of any kind that might occur as a result of the undersigned's use of the facility. Furthermore, the Township; shall not be liable for any damages of any kind in the event the Township facility becomes unusable by the undersigned for any reason, including but not limited to acts of God.

Signature of the Contractee: _____ Date: _____

Signature of Township Representative: _____ Date: _____

Contact Person: Tammy Blacklaw, Supervisor at 815-343-2981 Make checks payable to **Fall River Twp Town Fund**

ALL cancellations must be made at least 1 week prior to the reserved date in order to get the deposit back.