CITY CONFERENCE BUILDING
RENTAL APPLICATION FORM

223 Buxton
Troutdale, OR 97060

Rental Date: _____

Rental Time: from _____ to _____

Cleanup Time: from _____ to _____

Rental Location:

☐ Activity Room (holds 100 people) ☐ Conference Room (holds 19 people)

☐ Troutdale Resident/Non-Profit Organization ☐ Non-Resident

No alcoholic beverages are allowed in the building

Application Date _____ Number of People _____

Applicant (please print) _____

Address _____
Street City State Zip

E-mail _____ Fax No. _____

Phone No. _____ Cell No. _____

Group Name _____ Activity _____

The permittee, on behalf of itself, its agents, and any heirs, assigns, or successors, in exchange for the right to use a City building, park and/or equipment, agrees to: Indemnify, defend and hold harmless the City of Troutdale and its elected or appointed officials, employees, agents and assigns from any and all claims which may arise as a result of granting this permit, including but not limited to the acts of persons that the permittee invites or allows to use the City building or City property; promptly notify the City of Troutdale of any claim or action, which the City shall have the right to investigate, compromise and defend; assume all risks associated with the use of the City's real or personal property; protect the City's real and personal property from any damage; return the City's real and personal property in the same condition it was in prior to permittee's use and to forfeit any security deposit if the property is not returned in the same condition; promptly repair or replace any of the City's real or personal property that is damaged at permittee's own cost and to the complete satisfaction of the City; and comply with all general rules, guidelines and standards that are set forth in City documents that accompany the application and permit which are incorporated herein by reference.

The applicant has read and understands the rules and regulations of the City for renting a City facility:

_____ _____
Applicant/Permittee Signature Date

FOR OFFICE USE ONLY

	RECEIVED				REFUNDED			
Fees Paid:	**Amount**	**Date**	**Rec'd. by**	**Receipt #**	**Amount**	**Date**	**Check #**	**Req'd. by**
App. Fee								
Deposit								
Rental								