



City of Isleton

-101 Second Street P.O. Box 716 Isleton, California 95641
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After hours/Weekend Phone Number: (209) 503-0823

Application for Rental of the Community Center

Security Deposit/Cleaning	\$500.00
Residence:	\$160.00
Non-Residence:	\$200.00
Non-Profit Organization:	\$80.00
Cancellation Fee	\$50.00

Rental Date: _____ Key Pick-up: _____ Key Returned: _____

IF YOU BLOCK/PARK INFRONT OF THE FIRE DEPARTMENT YOUR SECURITY DEPOSIT IS NON-REFUNDABLE AND YOUR VEHICLE WILL BE TOWED!

There will be a \$50.00 cancellation fee! **NO PUSH PINS!!**

*******ALL TRASH IS TO BE REMOVED BY THE INDIVIDUAL RENTING HALL*******

Person/Organization (Contractor)

(Contact information)

Organization: _____

Name: _____ Phone: _____

Mailing Address: _____

Physical Address: _____

Email Address: _____

Please attach a 'Certificate of Insurance' for \$1,000,000 in general liability with this application. The City of Isleton must be named as an additional insured under description of operations and cancellation date of no less than 30 days. A \$50.00 fee will be due, if cancelled less than 30 days from Event date. A copy of the endorsement to the above certificate must accompany the 'Certificate of Insurance.'

In consideration of the rental of the Community Center Meeting Hall, contractor agrees to indemnify and hold harmless City and its officers, employees, and agents from and against all claims, damages, losses, and expenses including attorney fees arising out of the use of this facility caused in whole or in part by any negligent act or omission of the leasing person/organization, any person associated with the leasing person/organization. Anyone directly employed by any of them or anyone for whose acts any of them may be liable, except where caused by the active negligence, sole negligence, or willful misconduct of the City of Isleton.

No noise after 10 pm or you will lose your deposit. All clean up must be completed by 12 Midnight on the date of the event.

Signature: _____ Date: _____

THANK YOU FOR RENTING THE ISLETON COMMUNITY CENTER!

Office Use Only:

Insurance Attached: Yes/NO

Rental Fee Paid: Check# _____ Cash:\$ _____ Date Rec'd: _____ Rec'd By: _____ Receipt# _____

\$175.00 Security Deposit Paid: Check# _____ Cash: \$ _____ Date Rec'd: _____ Rec;d By: _____
Receipt# _____

Resident: _____ Non Resident: _____ Non-Profit Organization: _____ Organization: _____

Staff Signature: _____ Date: _____