

ACTION TAKEN: (check all that apply)

_____ **RENTAL FEES RECEIVED** (Includes all rooms)

WEEK DAY:

- _____ Government Group (No fees)
- _____ Civic Group (No fees)
- _____ City Residents (No fees for meetings, \$100/\$200 for all other events)
- _____ Non-Residents _____ hours @ \$30 = \$_____ (minimum 2 hours)

WEEKEND/HOLIDAYS:

- _____ Government Group (No fees)
- _____ City Residents / Civic Groups
 - _____ \$100 Half Day (8:00 am – 2:00 pm OR 3:00 – 9:00 pm)
 - _____ \$200 Full Day (8:00 am – 9:00 pm)
 - _____ \$0 For Meetings
- _____ Non-Residents
 - _____ \$200 Half Day (8:00 am – 2:00 pm OR 3:00 – 9:00 pm)
 - _____ \$400 Full Day (8:00 am – 9:00 pm)
 - _____ <Meetings _____ hours @\$30 = \$_____ (minimum 2 hours)

\$ _____ **Total Fees** **Date Received** ___/___/___
 _____ **Check Number**

KITCHENETTE:

\$ _____ **Total Fees** **Date Received** ___/___/___

_____ **SECURITY DEPOSIT(S) RECEIVED** (Check all lines that apply):

- _____ \$100 Deposit (no food or beverage)
- _____ \$200 Deposit (with any food or beverage)
- _____ \$250 Deposit (food/beverage and kitchenette use)
- _____ Deposit on file, sent to Finance, date: _____ (Check to be cashed)

\$ _____ **Total Deposit** **Date Received** ___/___/___
 _____ **Check Number**

_____ **COUNCIL ACTION REQUIRED**

COMMENTS: _____

DATE SECURITY DEPOSIT RETURNED: _____

_____ RETURNED TO ORGANIZATION CONTACT _____
 if not specify who deposit was returned to _____
 RETURNED BY: _____

_____ WILL NOT BE RETURNED
 Specify below why deposit will not be returned

COMMENTS: _____
