



PERMIT NO _____

APPLICATION AND AGREEMENT FOR USE OF FACILITIES

Charter Township of Chesterfield, 47275 Sugarbush, Chesterfield, MI 48047

Applicant Information

Group/Organization _____

Designated Responsible Representative _____
(DRR is the name of the applicant; responsible for the rental and must be present at all rentals)

Address _____ City _____ Zip _____

Daytime Phone _____ Alternative Phone _____

Email _____

DECLARATION OF APPLICANT:

1. The undersigned agrees to defend (including attorney fees), indemnify, pay on behalf of, and hold harmless Chesterfield Township, its elected and appointed officials, agents, employees, and volunteers, individually and collectively, from any and all costs, losses, claims, actions, and judgments arising from personal injuries, property damage or otherwise, regardless of cause including the Township's negligence, that may arise in any way from or be alleged to be caused by the undersigned's use or occupancy of Township facilities, furniture or equipment.
2. I, the undersigned, hereby certify that I will be personally responsible on behalf of the group/organization for any damages sustained by the Township building, furniture, equipment, or grounds accruing through the occupancy or use of said building and/or use of said building and/or grounds by the group/organization, normal wear and tear excepted.
3. I hereby certify that I have received and read the rules, regulations, as stated in **ATTACHMENT A** and that I, and the organization which I represent, will abide by them and will conform to all applicable provisions of the Constitution and laws of Michigan and to all other rules and regulations of the Township and its authorized agents which may be communicated to the applicant.
4. In executing this declaration, I certify that I have been duly authorized by the herein set forth applicant/organization to act in its behalf in making application for use of said facilities.

Signature _____ Date _____

Facility Room Reservation

Rooms available to reserve: 1. North Annex Conference Room (Holds 12 Max) 2. Main Meeting Room (Holds 100 max) 3. South Conference Room (Holds 10 Max) 4. Senior Center (Holds 75 Max)

ROOM	BEG. DATE	END DATE	DAY/S OF WEEK	BEGIN TIME	END TIME	TOTAL HOURS	EST. ATTEND

Under no circumstances may an event take place until the application has been approved and a permit is issued.

Description of Activity:

Office Use ONLY

Witness _____ Date _____

Work Order Required? YES / NO Comments: _____

Security/Maintenance YES / NO Comments: _____

Clerk's Office Approval _____ Date _____