

**CITY OF SARALAND
APPLICATION FOR USE OF FACILITIES**

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone (Home): _____ (Work): _____

Age: _____ Driver's License Number: _____

Facility (Check all that apply):

Kali Oka CC Auditorium CC Meeting Room CC Kitchen

of Guests: _____ Date Requested: _____ Hours of Use: _____

I understand and agree to be responsible for any damages that may occur during use of City facilities and abide by all the rules governing the use of such facility. No refunds will be given seven (7) days prior to scheduled event. Person renting facility **MUST BE PRESENT FOR ENTIRE TIME OF SCHEDULED EVENT.**

Date

Signature

(Do Not Write Below Line – For City Use Only)

Rental Fee: _____ Deposit: _____ Total Collected: _____

Cash: _____ Check: _____ Check Number: _____ Money Order: _____

Driver's License Verification: Yes No

Proof of Residency: Yes No Type: _____

Rules given to applicant: _____ Police Officer Required: Yes No

Copies to file: _____ City Clerk: _____

City Employee Signature: _____