2593 N. Railroad Street
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Winterville, NC 28590

WINTERVILLE
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RENTAL APPLICATION
TOWN OF WINTERVILLE
COMMUNITY ROOM

Name of group wishing to rent Community Room _____

Name of group representative submitting the rental application_____

Address _____

Telephone number _____

Proposed use of Community Room _____

Expected number of attendees (maximum 102) _____

Date of Rental _____

Starting Time _____ Ending Time _____

Set up Time _____

I understand that as the representative of the group wishing to rent the Police-Fire-EMS Community Room, I assume full responsibility for any and all damages occurring during the times stated above and will enforce compliance with all rules contained in the attached RULES FOR USE OF THE WINTERVILLE POLICE-FIRE-EMS COMMUNITY ROOM.

_____ _____
Signature Date

FOR TOWN OFFICE USE ONLY

Finance Department

Rental payment Amount $_____ Circle one: check (check no. _____) or cash

Security Deposit Amount $ _____ Circle one: check (check no. _____) or cash

Date Received _____ Received By_____

Police Department

_____The building was found to be properly cleaned and undamaged. Recommend refund of deposit.

_____The building was not properly cleaned and/or was damaged as noted below. Recommend charge of $_____be made against deposit and an additional charge of $_____ be made for necessary cleaning and/or repairs.

Finance Department

Date refunded_____ **Refunded by** _____

Refund received by _____ **Date** _____