



# City of Miamisburg Parks and Recreation Department

## FACILITY USAGE REQUEST

Requested Date: \_\_\_\_\_ Facility: \_\_\_\_\_

Purpose: \_\_\_\_\_

Time: From: \_\_\_\_\_ Minimum expected: \_\_\_\_\_

To: \_\_\_\_\_ Maximum expected: \_\_\_\_\_

Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Non-Profit Tax ID # \_\_\_\_\_ Resident \_\_\_\_\_ Non-Resident \_\_\_\_\_

“Resident” is defined as a person who lives within the City of Miamisburg corporation limits or pays City of Miamisburg property or income tax. This is different than a Miamisburg mailing address.

**I have received and agree to follow the facility use rules.**

\_\_\_\_\_  
Signature Date

***For Office Use Only:***

Facility Reservation – Note any changes between request and reservation (facility, date and/or time):

	Staff initials	Date
Superintendent approves “specific activities”	_____	_____
Extra Liability Required _____	_____	(rec'd date) _____
Facility reservation in CLASS	_____	_____
Rental Contract signed	_____	_____
Rental Fee (initial 50%)	_____	_____
Rental Fee (balance)	_____	_____
Deposit Paid	_____	_____
Deposit Returned: Amount: _____	_____	_____
Deposit Withheld Amount: _____ Reason: _____	_____	_____
Shelter Reservation Card Made:	_____	_____