

FLORENCE GOVERNMENT CENTER MEETING ROOM USE AGREEMENT

Please complete this information in its entirety and return via email at least 10 days prior to the event: <u>Roxanne Howe (roxanne.howe@florence-ky.gov).</u>

Name of organiz	zation:				
Date requesting:		Γime request	ed: from _	until	
Check one:	_Government-related organization	nNo	n-profit	Tenant	
Contact Person:		Pl	none: ()	
Email address:					
Mailing address	:				
Estimated Atten	dance: Meeting Purpos	e:			
	Community Room "A" (Seats up			,	
	Community Room "B" (Seats up to	o 24 with tab	oles and cha	airs)	
	Community Room "C" (Seats up to 72 with tables and chairs)				
V	Vill food be catered or served?				
ENSURING TIFAILURE TO MEETINGS FOR THEIR ORIGINAL As exhibited by Policy for the us requirements. Further and, to the extension of the extensi	SERVING FOOD/BEVERAGE HE ROOM(S) ARE CLEAN A DO SO COULD DIMINISH OR YOUR ORGANIZATION** NAL CONFIGURATION BEFO my signature below, I agree that the of the Florence Government Ce ther, I agree to remit payment for the possible, will indemnify and hold the possible, will indemnify and hold the possible, harmless for any injuries of	ND TRASH ROOM A FURNISHI RE USER'S I have read to the meeting any damage I the City of I	HAS BEAVAILABINGS MUST DEPARTUTE TO THE Communication of the Course of t	EN THROWN AWAY. ILITY FOR FUTURE ST BE RETURNED TO URE. Inity Room Reservation agree to adhere to all the Florence-owned property, nd all its elected officials,	
Applicant's sign	ature	Da	ate		