

COMMUNITY HOUSE RENTAL INSTRUCTIONS

***** The following steps must be followed in renting the City of Millen Community House. *****

TO RESERVE COMMUNITY HOUSE

Deposit must be paid to reserve the date and time you want to use the Community House. Reservations are on a first come, first served basis.

TO PAY FOR USE OF COMMUNITY HOUSE

Before the date of the event, pay the rental fee for the time period(s) you have reserved the Community House. The **RENTAL FEE MUST BE PAID IN ADVANCE**, to the clerk at the front counter, in the Business Office of City Hall between the hours of 8 a.m. to 5 p.m. Monday through Friday; except for holidays. **NO RENTAL FEES WILL BE ACCEPTED AFTER NORMAL BUSINESS HOURS.** Once the rental fee is paid you will be provided a Rental Agreement, key and a Checklist for cleanup of the Community House after your event is concluded.

DAY OF COMMUNITY HOUSE EVENT

At the conclusion of your event, call **478-982-2750** (Millen Police Department), and a Police Officer will come to the Community House and inspect the premises for cleanliness and to ensure that you have complied with instructions. The Police Officer will take the key and Inspection Sheet with them and turn them into the City Manager's Office.

DEPOSIT REFUND INFORMATION

Provided you have complied with all instructions and left the Community House clean and in good order with no damage done, your deposit will be mailed to you the following week. Failure to comply with any of these instructions will result in forfeiture of your deposit.

1st SESSION**2nd SESSION****Session 8 a.m. to 4 p.m.**

\$ 100.00 deposit
\$ 275.00 rent

Session 5 p.m. to 12 a.m. (midnight)

\$ 100.00 deposit
\$ 275.00 rent

Both Sessions from 8 a.m. to 12 a.m. (midnight)

\$ 100.00 deposit
\$ 500.00 rent

NOTE: If customer cancels reservation within 5 working days of paying deposit, customer will be refunded deposit. If customer cancels reservation after 5 working days of paying deposit customer will forfeit deposit as follows:

- Day 6 thru 10 - Customer will forfeit \$50.00 of deposit.
- Day 10 thru 15 - Customer will forfeit \$60.00 of deposit.
- Day 16 and after - Customer will forfeit \$85.00 of deposit for one session and \$100.00 if they have reserved two sessions.

Other Governmental Entities will be charged half the above rates except for the deposit and deposit notifications will apply as stated above.

City Of Millen
919 College Avenue
P.O. Box 929
Millen, Georgia 30442
Tel: 478-982-6100 Fax: 478-982-4134

RENTAL CHARGES FOR COMMUNITY HOUSE

Effective April 4, 2012, the charges for the rental of the Community House are as follows:

A deposit is required on all rentals in the amount of \$100.00.

Session 1 From 8:00 AM to 4:00 PM - \$275.00 in addition to deposit.

Session 2 From 5:00 PM to 12:00 AM (Midnight) - \$275.00 in addition to deposit.

Both Sessions From 8:00 AM to 12:00 AM (Midnight) - \$500.00 in addition to deposit.

NOTE 1: Rental by a government agency will be half price of charges listed above except deposit.

NOTE 2: If reservation is canceled within 5 working days of paying deposit, customer will be refunded full deposit.

If reservation is canceled after 5 working days of paying deposit the customer will forfeit deposit as follows:

Day 6 thru 10 – Customer will forfeit 50 dollars of deposit.

Day 10 thru 15 – Customer will forfeit 60 dollars of deposit.

Day 16 and after – Customer will forfeit 85 dollars of deposit for one session and 100 dollars if two consecutive sessions have been rented.

NOTE 3: Refund of deposit will be issued the Friday following the rental date, provided all instructions have been followed and the Community House left clean and undamaged.

All other procedures for the use of the Community House are specified on the Community House Rental Form that will be given at the time of rental payment.

I have read and understand all of the above information and acknowledge receipt of the written instructions (Form 1) which have also been explained to me by a City clerk and hereby acknowledge my understanding, of this information, by my signature below:

Print Name

Date

Signature

Clerk Initial

Session(s)

Address

Phone Number

City, State, ZIP

Rental Date/Dates

Note: Form must be explained fully and completely filled out when customer pays deposit for rental of the Community House. The original will remain with the Clerk to be filed and a copy will be provided to the customer.

CITY OF MILLEN
COMMUNITY HOUSE RENTAL AGREEMENT

Daytime Session
8:00 am – 4:00 pm

Evening Session
5:00 pm – 12:00 am

Please allow _____ to have the Community House key on ____/____/____ for
the _____ session for a _____.

Thank you, _____

TO ALL CITIZENS:

Attached to this rental agreement is a community house clean-up checklist. When your session is over and clean-up is complete, you are to notify the Millen Police Department at **478-982-2750** and an officer will come to the community house. The officer, along with the person who rented the community house, will check the inside and outside to make sure it is cleaned. The key will be turned in to the officer at that time. The officer will fill out the clean-up checklist, secure the building and return the key to the dispatcher. The officer will place the checklist in the night deposit box next to the time clock.

Failure to call an officer to complete the attached clean-up checklist at the end of the session will result in your deposit being forfeited. You will be charged a **\$25.00** fee if the community house key is lost or is not turned in to the officer at the time of inspection.

ADMISSION FEES will not be charged under any circumstances. Violation of this policy will result in your session being terminated and the forfeiture of your deposit.

The Community House is a smoke free building. **NO SMOKING INSIDE BUILDING.**

There are to be **NO ALCOHOLIC BEVERAGES** in the community house or on community house grounds. Should law enforcement be called for any reason and alcohol is present, session will be terminated and your deposit will be forfeited.

The clean-up equipment will be inventoried by the inspecting Police Officer and if anything is missing, the cost to replace the item(s) will be deducted from the deposit.

The Clean-Up Deposit will be refunded within thirty (30) days after use of the Community House if there are no discrepancies and you have complied with all instructions. In order to have your deposit refunded, the Community House must be cleaned as indicated on attached clean-up checklist.

FAILURE TO COMPLY WITH ALL TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT WILL RESULT IN A FORFEIT OF YOUR DEPOSIT.

Signature of Lessee

Date

Address

Clerk's Signature

City, State, ZIP

Phone Number

***** COMMUNITY HOUSE ***
CLEAN-UP CHECK LIST**

LESSEE: _____

☐ PICK UP DEPOSIT☐ MAIL DEPOSIT

DEPOSIT MAILING ADDRESS: _____

KITCHEN

Yes No

- | | | |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Floors Swept |
| <input type="checkbox"/> | <input type="checkbox"/> | Floors Mopped |
| <input type="checkbox"/> | <input type="checkbox"/> | Trash Cans Emptied |
| <input type="checkbox"/> | <input type="checkbox"/> | Counters and Sink Cleaned |
| <input type="checkbox"/> | <input type="checkbox"/> | Stove Cleaned Inside/Outside |
| <input type="checkbox"/> | <input type="checkbox"/> | Refrigerator Cleaned |

MAIN ROOM FLOORS

Yes No

- | | | |
|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Floors Swept |
| <input type="checkbox"/> | <input type="checkbox"/> | Floors Mopped |
| <input type="checkbox"/> | <input type="checkbox"/> | No Severe Scratches |

STORAGE ROOM

Yes No

- | | | |
|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Tables on one wall |
| <input type="checkbox"/> | <input type="checkbox"/> | Chairs on opposite wall |

MAIN ROOM

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Chairs have been removed from
the main room and stored in the
Storage room. |
|--------------------------|--------------------------|---|

MEN'S RESTROOM

Yes No

- | | | |
|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Floors Swept |
| <input type="checkbox"/> | <input type="checkbox"/> | Floors Mopped |
| <input type="checkbox"/> | <input type="checkbox"/> | Trash Can Emptied |
| <input type="checkbox"/> | <input type="checkbox"/> | No Graffiti on Walls |

WOMEN'S RESTROOM

Yes No

- | | | |
|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Floors Swept |
| <input type="checkbox"/> | <input type="checkbox"/> | Floors Mopped |
| <input type="checkbox"/> | <input type="checkbox"/> | Trash Can Emptied |
| <input type="checkbox"/> | <input type="checkbox"/> | No Graffiti on Walls |

GENERAL

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | No Holes in Walls |
| <input type="checkbox"/> | <input type="checkbox"/> | All Lights Working |
| <input type="checkbox"/> | <input type="checkbox"/> | Heat/Air Turned Off |
| <input type="checkbox"/> | <input type="checkbox"/> | No Broken Windows |
| <input type="checkbox"/> | <input type="checkbox"/> | No Staples, Nails, etc in Walls/Ceiling |

CLEAN UP EQUIPMENT

Yes No

- | | | |
|--------------------------|--------------------------|--------|
| <input type="checkbox"/> | <input type="checkbox"/> | Broom |
| <input type="checkbox"/> | <input type="checkbox"/> | Bucket |
| <input type="checkbox"/> | <input type="checkbox"/> | Mop |

OUTSIDE GROUNDS

Yes No

- | | | |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Trash, cans, and etc. |
|--------------------------|--------------------------|-----------------------|

POLICE OFFICER FINAL CHECK

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Key Collected |
| <input type="checkbox"/> | Check-list Completed |
| <input type="checkbox"/> | Key Returned to Dispatch |
| <input type="checkbox"/> | Check-list Placed in Box |

Additional Comments:

Signature of Officer_____
Signature of Lessee_____
Date/Time CheckedKey #__ Received by_____
Customer Signature

Clerk Initial_____