



City Of Alma

FACILITY RENTAL APPLICATION

v	PLEASE INDICATE WHICH FACILITY YOU WISH TO RENT		Daily Rental Rate		Security Deposit
			Non-Profit	For Profit	
	Johnson Center	509 Main Street	\$75	\$100	\$100
	City Auditorium	807 Main Street	\$300	\$300	\$100

"NO SMOKING" POLICY IN BOTH FACILITIES.

I HAVE INSPECTED THE RENTAL FACILITY AND I FIND IT IN ACCEPTABLE CONDITION.

..... I HAVE INSPECTED THE RENTAL FACILITY AND I BELIEVE THE FOLLOWING FAULTS EXIST IN REGARD TO THE CLEANLINESS OF THE FACILITIES:

_____ I DO NOT WISH TO INSPECT THE FACILITIES PRIOR TO RENTING.

THE PERSON SIGNING OR EMAILING THIS APPLICATION OR WHO PAID THE FEES, STATES THEY HAVE RECEIVED AND READ THE RULES AND REGULATIONS REGARDING THE RENTING OF A FACILITY FROM THE CITY OF ALMA AND UNDERSTAND AND AGREE TO BE PERSONALLY LIABLE FOR ANY AND ALL DAMAGES DONE BY ANYONE DURING THE USE OF THE FACILITIES.

Dated this _____ day of _____, 20____ Agreed: _____
(Signature of Applicant)

Signature not required if application is emailed. Email receipt and payment will be used as verification of agreement.

Applicant contact info: _____
(Name, Mailing address & phone)

Email address: _____

Date of reservation(s): _____ Type of event: _____



Do you need any information put on the DIGITAL SIGN at the Johnson Center such as Happy Birthday, Happy Anniversary, etc. (Available for both Johnson Center & Auditorium)

*****-----To be completed by Alma City Office-----*****

Johnson Center - Date Auditorium - Date

Rental Fee paid: _____ Date: _____ Check or Cash Receipt #: _____ Amount: \$
Security Deposit paid: Date: _____ Check or Cash Receipt #: _____ Amount: \$

Deposit returned: Yes date: _____ No If no, why is deposit being retained?

Additional Notes: _____

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