

Town of Louisville

Community Room Reservation & Rental Application

Date of Event: _____ Day of Week: _____

Reserved Times From: _____ (am/pm) To: _____ (am/pm)

****This time must include your set up and breakdown. ****

Name of Individual/Organization/Group: _____

Address: _____ City/State/Zip: _____

Phone: Office: _____ Home: _____ Cell: _____

E-mail Address: _____ (for invoicing/confirmations)

TITLE OF EVENT: _____

Contact person for Event: _____

Is this event or meeting open to the general public? Yes No

Facility Use Requested:

- Resident/Property Owner – Business Meeting Facility only (\$25/hr)(\$50 minimum charge)
- Resident/Property Owner - Community Room and Kitchen (\$35/hr)(\$70 minimum charge)
- Non-resident/Non-property Owner - Community Room and Kitchen (\$50/hr)(\$100 minimum charge)
- Community Room partition closed by Town Staff prior to event
- Audio/Visual Equipment Rental - Contact Town Hall for applicable rates

Payments:

- | | | |
|---|----------|------------|
| <input type="radio"/> Rent Paid Amount | \$ _____ | Date _____ |
| <input type="radio"/> Damage Deposit Paid | \$ _____ | Date _____ |
| <input type="radio"/> Damage Deposit Refunded | \$ _____ | Date _____ |
| <input type="radio"/> A/V Equipment | \$ _____ | Date _____ |

I understand that confirmation and acceptance of the Application is subject to review by the Louisville Mayor. I have read the Community Room Policy for the use of the Town of Louisville Community room and will insure that I, or my organization if applicable, am in compliance. I and my organization releases, indemnifies and will hold harmless the Town of Louisville, their officers, agents and employees, from any and all claims for injuries, damages or loss which may arise or which may be alleged to have arisen out of or in connection with the meeting. I understand that I will be responsible for all damages and clean-up costs, plus costs of collection, if any, resulting from this use of the facility.

Submitted by: _____ Date: _____

Print full Name: _____

Please return this completed form to: Town of Louisville, Attn: Administrative Assistant,
PO Box 215, 3623 Louisville Road, Louisville, TN 37777, Phone 865-681-1983 - fax 865-681-5541