



**JEFFERSON TOWNSHIP**  
24725 Jefferson Center Street, PO Box 188  
Cassopolis, Michigan 49031  
Phone: (269) 445-3941

## HALL RENTAL AGREEMENT

(Please print)

Renter/Responsible Party: \_\_\_\_\_  
Renter must be at least 21 years of age. A driver's license or state I.D. card must be shown upon request.

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Cell or Home

Email: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Event Date: \_\_\_\_\_ Rental Period: \_\_\_\_\_ am or pm to \_\_\_\_\_ am or pm

Rental Fee:  \$125.00 per daily rental

**The rental fees and damage deposits must be submitted in two separate forms of payment.**

Payments must be by EXACT cash, check or money order made payable to: Jefferson Township.

- Reservations will be confirmed only when a signed agreement with full payment of the rental fee and damage deposit are received. Key may be picked up the day before rental date after 6:00pm.
- The facilities available for use under this agreement are limited to the meeting room, kitchen, restrooms, pavilion, and parking area. All setup/cleanup and usage must be between 6:00 a.m. and 11:00 p.m. on the rental date only.
- Renter acknowledges that the reservation is for their own use and cannot be made on behalf of or transferred to another party. Renter shall not collect any admission fee or other charge for use of the premises.
- Cancellations must be made in writing. No refund will be issued for a cancellation within 30 days of the event date nor in the event of inclement weather on the event date unless the Township closes the hall.



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## **HALL RENTAL RULES**

- **NO SMOKING INSIDE THE BUILDING.**
- **NO ALCOHOLIC BEVERAGES ON THE PREMISES.**
- NO disorderly conduct or excessively loud behavior.
- NO animals except service animals specifically trained to aid a disabled person.
- NO open flames.
- NO decorations that damage any part of the premises or furnishings.
- NO throwing or scattering rice, birdseed, glitter, confetti, or other similar materials.
- DO NOT slide tables, chairs, or equipment across the floor.
- DO NOT remove furniture, equipment, or other Township property from the building.
- DO NOT block exits at any time.
- DO NOT use the premises in violation of federal, state, or local laws or ordinances.

**ISSUES OR ACCIDENTS MUST BE REPORTED IMMEDIATELY TO THE TOWNSHIP**

For assistance call:

Dean Hass-Supervisor 269-445-3941 x 9

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## CLEAN UP CHECK LIST

### CLEAN UP CHECKLIST (includes hall meeting room, kitchen & restrooms.)

PLEASE COMPLETE AND CHECK OFF THE FOLLOWING ITEMS AND LEAVE THIS FORM ON THE KITCHEN COUNTER.

- Clean up all food and beverage spills.
- Wipe out both sinks. Clean out sink strainers. Do not rinse food down the sink.
- Wipe down all countertops.
- Wipe out refrigerator and freezer.
- Wipe off stove surface and inside oven. **Be sure stove and oven are turned off.**
- Wipe out inside microwave.
- Rinse out any coffee makers or carafes that have been used.
- Unload dishwasher, if used.
- Wipe down tabletops and chairs that have been used.
- Return tables, chairs **(placed in racks)**, and any other furnishing as found prior to event.
- Sweep and/or vacuum and remove debris from all floors.
- Ensure that all faucets are turned off, toilets are flushed, and drains are not blocked.
- Collect all garbage in **hall meeting room, kitchen, and restrooms**, and discard in outside dumpster. Replace bags in all trash cans.
- Remove all decorations, food, beverages, and other items brought by you or your guests.
- Drop key in drop box to the left of the office door inside the building.
- Turn off lights and lock the entry door. **Please pull door to be sure it is locked!**

Any check list items not completed will be deducted from the \$100 damage deposit. Those items will incur a fee of \$10 per item and up to the full damage deposit. Any balance remaining (after charges) will be refunded.

I agree to complete this cleanup check list to receive my full damage deposit back. I understand that if I do not complete each item on the list, a \$10 fee per item not completed will be assessed.

\_\_\_\_\_  
Renter's signature

\_\_\_\_\_  
Date

Rental date \_\_\_\_\_