



CITY OF MILWAUKIE

COMMUNITY ROOM APPLICATION

USER/ORGANIZATION:		
GROUP USER TYPE:		
DATE REQUESTED:		
TIME REQUESTED:	START TIME:	END TIME:
CONTACT PERSON:		
TELEPHONE NUMBER:		
MAILING ADDRESS:		

I, the undersigned, am requesting the use of the Community Meeting Room as stated in the application. I have received and read a copy of the Operating Guidelines for the room. I fully understand and agree to comply with the stated guidelines as set forth by the City of Milwaukie.

The user, _____, agrees to indemnify and defend the City of Milwaukie, it's officers, agents and employees and hold harmless from any and all liability, causes of action, claims, losses, damages, judgments or other costs of expenses including attorney's fees and witness costs (at both trial and appeal level, whether or not a trial or appeal ever takes place) and that may be asserted by any person or entity which in any way arise from, during or in connection with the use of the Community Meeting Room, except liability arising out of the sole negligence of the City of Milwaukie and its employees. If any aspect of this indemnity shall be found to be illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity of the remainder of this indemnification.

I, the undersigned, understand that a security card key deposit of \$25.00, in the form of a check, is required prior to receiving a City key to the Community Meeting Room. I understand that upon return of the (2) security card keys to the City, the key deposit check will be returned. Further, I understand that failure to return the (2) security card keys, as stated in the Operating Guidelines, will result in the check being cased.

The date and time, as requested, is available and confirmed. Should you need to cancel, please advise the PSB receptionist as soon as possible.

NAME:	
SIGNATURE:	DATE:

POLICE USE ONLY:

CHECK NUMBER:	DATE/INITIAL:
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