

**FACILITY USE APPLICATION AND PERMIT**

City of Marysville, 526 C Street, Marysville CA 95901

Phone: (530) 749-3902 / Fax: (530) 749-3991

**Reservations may be preempted for City related Functions**

**PLEASE TYPE OR PRINT CLEARLY**

**EVENT**

- 1. Name of organization: \_\_\_\_\_
- 2. Date and Time of use: \_\_\_\_\_
- 3. Requested Facility: \_\_\_\_\_
- 4. Anticipated Attendance: \_\_\_\_\_
- 5. Equipment Required: \_\_\_\_\_

**CONTACT INFORMATION**

- 1. Contact Person: \_\_\_\_\_
- 2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3. Work/Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- 4. E-mail: \_\_\_\_\_

*In making this for use of City Property, I acknowledge that all fees, including insurance, if required, shall be submitted no later than two weeks prior to the date of the event noted above, otherwise the event may be canceled. I further acknowledge that I have read and understand the rules governing the use of City property, I agree to abide by these rules and any special conditions of the permit and I will be present at the facility during the use of the property.*

\_\_\_\_\_  
Signature Date

Permit: **APPROVED**      **DENIED**      Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**RENTAL FEES**

Administrative Fee	\$ _____	(**Non-refundable reservation fee**)	
Use Fee	\$ _____		
Electrical Fee	\$ _____		
Key Deposit	\$ _____	Refunded:	_____
Clean-up Deposit	\$ _____	Refunded:	_____
Other	\$ _____		
<b>TOTAL</b>	\$ _____		
Less Deposit	\$ _____	Date Paid:	_____ Receipt #: _____
<b>BALANCE DUE</b>	\$ _____	Date Paid:	_____ Receipt #: _____

**DEPARTMENT REVIEW**

**Initials/Date**

**Recommendations**

_____ <b>Police Chief</b>	_____	_____
_____ <b>Public Works</b>	_____	_____
_____ <b>CDD</b>	_____	_____
_____ <b>Fire</b>	_____	_____