



SAN JOAQUIN REGIONAL TRANSIT DISTRICT (RTD)  
CONFERENCE ROOM USE AGREEMENT  
421 E. Weber Avenue  
Stockton, CA 95202  
Phone: 209.948.5566/Fax: 209.948.8516

PURPOSE OF MEETING \_\_\_\_\_

CONFERENCE ROOM \_\_\_\_\_ RESERVED ON CALENDAR \_\_\_\_\_

DATE(S) REQUESTED \_\_\_\_\_

NUMBER OF PARTICIPANTS \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

ORGANIZATION NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

ROOM SET-UP: Theatre \_\_\_\_ Rectangular \_\_\_\_ Banquet \_\_\_\_ U-Shape \_\_\_\_ Classroom \_\_\_\_ (max. xx)

CATERER: \_\_\_\_\_

ROOM RENTAL FEE \$50 PER HOUR + \$100 REFUNDABLE CLEANING DEPOSIT (IF RETURNED CLEAN) (includes Set-up, Breakdown, and Clean-up Time)

\$50 x \_\_\_\_\_ hour(s) \$ \_\_\_\_\_

ADDITIONAL SERVICES REQUESTED:

Coffee	\$3.00 per pot of coffee	x _____ = \$ _____
Water	\$1.00 per bottle	x _____ = \$ _____
Sodas	\$1.00 per can	x _____ = \$ _____
Technology Support	\$150 per hour (2-hour minimum)	x _____ = \$ _____
Video Conference	\$285 per hour	x _____ = \$ _____
Special Equipment	Actual Cost plus 10%	x _____ = \$ _____
Security Guard	Actual Cost plus 10%	x _____ = \$ _____
Staff Assistance	Actual Cost plus 10%	x _____ = \$ _____

SPECIAL INSTRUCTIONS:

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## RENTAL INSURANCE REQUIREMENT

Renter/Customers must provide their own insurance and a Certificate of Insurance which includes the following:

- "Occurrence" needs to be checked under "Type of Insurance—General Liability."
- "General Aggregate" under "Limits" should be at least \$1,000,000.
- Any "Auto Liability" needs to be checked with a \$1,000,000, "Combined Single Limit".
- "Certificate of Insurance" needs to reflect; "San Joaquin Regional Transit District, its Elected and Appointed Boards, Commissions, Officers, Agents, and Employees" as "Additional Insured."
- In addition to the "Additional Insured" as stated above, said insurance policy shall be endorsed (copy of Endorsement to be attached) to include the following language: "Such insurance as is afforded by the endorsement for the Additional Insured's shall apply as primary insurance. Any other insurance maintained by the San Joaquin Regional Transit District or its officers and employees shall be excess only and not contributing with the coinsurance afforded by this endorsement."
- Include the date of the event.
- The effective date of policy must cover the date of the event.
- "Certificate Holder" must reflect the "421 E. Weber Avenue, Stockton, CA 95202" address.

\_\_\_\_\_(Initial)      Parking: No parking is allowed on this RTD property. Parking charges at nearby lots will be the responsibility of the attendees and/or the meeting organizer. RTD does not validate parking tickets. Participants should be made aware of parking information before the day of the meeting.

\_\_\_\_\_(Initial)      Loss or Damage of Equipment: RTD is not responsible for loss or damage of automobiles, personal items, or equipment while using the Downtown Transit Regional Center facilities.

\_\_\_\_\_(Initial)      Alcohol and Smoking: RTD is a non-smoking and no alcohol facility.

\_\_\_\_\_(Initial)      Business Center Activities: Fax, telephone, copying, postage, shipping, and other business center activities may be available only to the meeting organizer and will be charged back to the meeting organizer.

\_\_\_\_\_(Initial)      Equipment: RTD must be advised of any and all equipment to be used for the event and reserves the right to approve/disapprove use of same.

\_\_\_\_\_(Initial)      RTD Equipment: No one other than assigned RTD staff will adjust or move RTD equipment. Damaged or missing equipment will be repaired or replaced at the expense of the Renter.

\_\_\_\_\_(Initial)      Animals: Other than guide animals, no animals are allowed in the building.

DUE ONE MONTH PRIOR TO EVENT:

1. Rental Charge
2. Proof of Insurance or Certificate of Insurance
3. Security Contract

DUE TWO WEEKS PRIOR TO EVENT:

1. Room Set-up Information
2. Audio Equipment Required

RETURN REQUIRED INFORMATION TO: SAN JOAQUIN RTD, ATTN: ERICKA ROCHA, 421 E. WEBER AVENUE, STOCKTON, CA 95202

I, the undersigned, have read and agree to the requirements of this contract.

AUTHORIZED RTD STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF LEASEE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CANCELLATION RESULTS IN FULL FORFEIT OF DEPOSIT**

**FOR OFFICE USE ONLY:**

**RENTAL CHARGE RECEIVED:**     \$ \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PAID BY:**     Check \_\_\_\_\_ **Check Number** \_\_\_\_\_

**Invoice** \_\_\_\_\_ **Billing Address** \_\_\_\_\_

**OTHER COSTS RECEIVED:**     \$ \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PAID BY:**     Check \_\_\_\_\_ **Check Number** \_\_\_\_\_

**Invoice** \_\_\_\_\_ **Billing Address** \_\_\_\_\_

Copy to:     Assistant to GM/CEO  
Finance  
Data Processing Manager  
Maintenance Technician

Original to: Contract File

Processed by: \_\_\_\_\_