

**IDA TOWNSHIP CCOMMUNITY ROOM  
ONE TIME ANNUAL FREE USAGE  
RENTAL AGREEMENT**

The Ida Township Community room may be used by non-profit organizations one-time annually free of charge (with the exception of events containing food and/or beverage, a security deposit may be required. See item number 6 below.)

The Ida Township Community Room has a capacity of 80 people. Only adults may reserve the room, and any civic or youth organization must seek Board permission or special approval to use the facilities. The room is available from 9:00 a.m. to 10:00 p.m. on the day it is reserved.

**The following are the regulations for rental of the Community Room  
as determined by the Ida Township Board.**

1. No alcoholic beverages are allowed on the premises.
2. No smoking in the building.
3. Decorations shall be free standing. No taping, nailing, stapling or tacking of décor to walls, ceilings or fixtures. If décor is taped to windows, windows must be free of all tape marks and cleaned at end of rental. NO GLITTER or party shapes.
4. Lessee to provide all garbage bags and kitchen supplies (utensils, towels, etc.)
5. Reservations will be taken at the Ida Township office during normal business hours.
6. **Events containing food and/or beverage:** A \$100 refundable security deposit may be required and must be paid two (2) weeks in advance of any event. The \$100 security deposit will be refunded following an inspection of the room so long as it has been cleaned and nothing has been damaged. If damages are found, the security deposit shall be forfeited as to that portion which is necessary to repair such damage. If the cost of said repairs exceed the \$100 security deposit, damage charges will be invoiced by Ida Township to the lessee and shall be paid in full no later than one month following the date on the invoice. A 1.5% monthly service charge will be assessed for non-payment following the initial 30 days. Lessee shall also be responsible for all attorney fees and court costs required to recover payment and interest on said invoice. Should a security deposit not be required, Lessee is still responsible for damages in accordance to the terms in this paragraph.
7. Lessee agrees to release Ida Township from all liability due to loss, theft, personal injury or property damages that may occur to any person or property thereon during the period of occupancy.
8. Ida Township reserves the right to cancel any scheduled use of the Community Room if operations should require it. In such a case, every reasonable effort will be made to provide the lessee with adequate advance notice.
9. Janitor will be available at the beginning of occupancy set up time that is listed on back, and must be called at the conclusion of any function. Phone numbers are provided. **Please call the custodian if there are any changes to the event set up time.**

**FREE USEAGE AGREEMENT**

**EVENT DATE:** \_\_\_\_\_

**THE FOLLOWING GUIDELINES MUST BE OBSERVED  
WHEN LEAVING THE PREMISES:**

1. Call the custodian.
2. Make sure the oven and all burners are turned off and clean.
3. Remove all food and perishables from the refrigerator.
4. Remove all decorations and return all furniture to original placement.
5. Floors: Clean up any spills immediately, pick up litter.
6. Wipe all counters, tables, and chairs.
7. Place chairs upside down on cleaned tabletops.
8. Flush all toilets and turn off all restroom/hall lights.
9. All trash must be bagged and taken to the dumpster.

The undersigned (Lessee) accepts and agrees to abide by all terms, policies and guidelines as set forth herein.

Printed Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
(please print neatly) Ida Township Office

Signature: \_\_\_\_\_ Board Approval \_\_\_\_\_ (date)

Address: \_\_\_\_\_ **Custodians: John and Trisha Wood**  
**Custodian Phone: (734) 269-2258**  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ **Cell: (734) 915-8433 John**  
**(734) 915-8442 Trisha**

Phone: \_\_\_\_\_

Event Set up Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

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

Will food be served? yes [ ] no [ ] Deposit required? yes [ ] no [ ]

Deposit Paid: (date) \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_

Deposit to be refunded to: \_\_\_\_\_ (please print neatly)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Ida Township Hall Security Deposit Refund Authorization**

Refund Authorized: yes [ ] no [ ] Custodian Approval/Signature \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

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**For office use only:** Contract to Clerk for refund: (date) \_\_\_\_\_ (initials) \_\_\_\_\_