



City of Heath

Community Room Reservations

Event: _____ Requested Date: _____

Contact Name: _____ Phone: _____

Address: _____

Name/Address for Deposit Refund: _____

Tables and Chairs required ☐ Yes ☐ No

Responsibility for Damages

By signing below, I/we agree to assume responsibility for the condition of the City of Heath Community Room during time of possession. The Community Room has been inspected by city staff prior to use and will be inspected again after time of possession is completed. If there are any damages, I/we agree to assume responsibility for any Cleaning or Repairs required. I/we do agree to pay a ☐ \$50.00 per hour for the use of the Center, in addition to a \$500.00 security deposit. The security deposit will be refunded after the Security Entry Card is returned (Due evening of event in drop box) and after the end of the rental and room has passed inspection. Security Deposit will *not* be refunded if either of the two exterior Community Room doors is not locked after rental.

***Applicants Signature**

Date of Rental/Time

* By signing above, I also agree that I have read and received a copy of the community room rules and regulations

For Office Use Only

Date Deposit Received _____ Deposit Amount _____

☐ Check ☐ Credit ☐ Cash

Date Rental Fee Received _____ Rental Amount _____

☐ Check ☐ Credit ☐ Cash

Key # _____ Signature of person picking up key _____

Key Returned - Yes ☐ No ☐

Return Deposit - Yes ☐ No ☐

Return completed form to: City of Heath, 200 Laurence Drive, Heath, Texas 75032

Or fax request to 972-961-4932. If you have any questions, please call 972-771-6228