



TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870
TELEPHONE : (814) 692-9800 · FAX : (814) 692-7585
www.halfmoontwp.us

BUILDING RENTAL APPLICATION

APPLICANT NAME: _____

NAME OF REPRESENTATIVE (IF GROUP): _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

RENTAL TYPE: _____ RESIDENT/ NON-RESIDENT: _____ NON-PROFIT ORGANIZATION: _____

EVENT DATE: _____ START TIME: _____ END TIME: _____

FOR THE PURPOSE OF: _____

NO. OF PARTICIPANTS: _____

Community Center Room Rental Fees:

a. Township & Non-Township Resident

i. Rental Fee (up to 4 hours)	\$60.00	\$ _____
ii. Hourly Fee for each additional hour	\$10.00	\$ _____
iii. Refundable Deposit Fee (<i>separate check</i>) *	\$60.00	\$ _____

b. Non-Profit Organization

(Must provide copy of 501(c)3 documentation and Certificate of Insurance)

i. Rental Fee (up to 4 hours)	NO FEE	NO FEE
ii. Refundable Deposit Fee (<i>separate check</i>) *	\$60.00	\$ _____

TOTAL \$ _____

*The deposit fee must be paid by separate check or cash and is only refundable upon staff's final inspection of facility for compliance with rental agreement. Applicant is responsible for the following maintenance after rental: sweeping floor after use, clean and put away all kitchenette items, close and lock all windows, clean tables and chairs and return to storage areas, turn off all lights in meeting rooms, bathrooms, kitchenette, and vestibule, empty trash into dumpster, all interior doors left unlocked and open. Cleaning supplies are provided in the supply closet in the kitchenette area. No use of open flame or heat generating devices is permitted. By signing below, the applicant understands and agrees to abide by the rules and regulations outlined above and pay for any damages to Township property.

Signature: _____

Date: _____

STAFF USE ONLY: RECEIVED BY: _____ DATE: _____ ACCESS PIN: _____

RENTAL FEE PAID: CASH/CHECK #: _____ DEPOSIT FEE PAID: CASH/CHECK #: _____

DATE OF INSPECTION: _____ RENTAL DEPOSIT RETURNED: _____