



300 RAILROAD ST
PO BOX 259
TIFFIN, IA 52340
P: 319.545.2572 F: 319.545.4147

City Hall Council Chambers Reservation Application

\$50.00 Usage Fee—Tiffin Residents \$100.00 Usage Fee—Non-Tiffin Residents
Usage fee is due the week of event.
\$100.00 Refundable Deposit (Required at the time of reservation)

Return completed form to City Hall

Type of Event : _____

Location: **CITY HALL COUNCIL CHAMBERS**

Reservation Date: _____ Event Time: _____ - _____

Number in Group: _____ Key Card Access Time: _____ - _____

Applicant: _____ Date: _____

Mailing Address: _____
Street and PO Box City State Zip

Phone Number: _____ Alt. Number: _____

Email: _____

WAIVER AND RELEASE: I agree to hold the City of Tiffin harmless from any and all claims for injury or damage to persons or property suffered in connection with the permittee’s activities unless such injury or damage is caused by the gross negligence of the City of Tiffin.

As group representative, I hereby agree to take responsibility to inform and assure that all group members follow the guidelines listed below. If the key card is not returned I understand that \$25 will be charged to the deposit and any damages caused could result in a lost of deposit.

Signature of Group Representative: _____
Signature Date

Reservation Guidelines:

Leave the area clean and in order including tables and chairs back in place. Please bag up garbage and take with you. If necessary, bring additional garbage bags for your group. Please return key card before deposit is returned.

For Office Use:

_____ Reservation Approved _____ Fee Received _____ Deposit Received
_____ Calendar Appointment Created _____ Door & Key Card Programed _____ Date Key Returned
_____ Full Deposit Returned _____ Partial Deposit Returned _____

City Official Signature: _____
Signature Date