

First Ward  
JOHN TANNER  
MATT GILLOCK

# City of Auburn

Third Ward  
THERESE SVETLIK  
CHRIS WARWICK

Second Ward  
MARK KESSLER  
TOM BEROLA

**JOSEPH M. POWELL, Mayor**

MARY THORNTON, City Clerk  
TOM APPELT, City Treasurer

Fourth Ward  
ROD JOHNSON  
WAYDE RATHGEBER

## CITY OF AUBURN, ILLINOIS COMMUNITY CENTER CLUB RENTAL AGREEMENT (A)

I, the undersigned, do hereby agree to the terms set forth in this agreement:

- I) I agree to pay for or replace any items ruined or damaged during my use of this building because of negligence on my part or on the part of my members.
- II) I agree there will be **NO SMOKING, NO CONFETTI, AND NO HEELYS** in the building.
- III) I agree to see that the following list of items is completed before leaving the building:
  - a) All food brought in is removed from the building.
  - b) Wipe off tables and return any furniture used to its original position.
  - c) Clean all kitchen utensils and appliances used.
  - d) Sweep floors. Mop as needed. Brooms and mops are located in the Utility Room.
  - e) Remove any black marks or scuff marks from the floor.
  - f) Take out garbage to Flowers Sanitation dumpster behind building.
  - g) Check restrooms; make sure toilets are flushed and not running.
  - h) Make sure all lights are off.
  - i) When you leave, the thermostat should be set at 65 in winter or 72 in summer.
  - j) Make sure doors are locked and building is secure.
  - k) Please return the key to the City Office on your way home. A drop box is available.

IV) I understand the building will be inspected by a city employee after my rental. All activities and clean-up must be completed by **1:00 a.m.**  \_\_\_\_\_ (initials)

V) I agree to donate \$5.00 per meeting to the City of Auburn for use of the building, which the City will use for maintenance purposes. I understand that the use of the building is for a club meeting only. If I fail to comply with any part of this agreement, I will be forfeiting my future use of the building.

VI) **I WILL PICK UP THE KEY DURING CITY OFFICE WORKING HOURS Monday through Friday, 7:30 a.m. to 4:00 p.m.**

Date of Use: \_\_\_\_\_

X \_\_\_\_\_  
Signature of Responsible Party

Key # \_\_\_ Given to: \_\_\_\_\_

\_\_\_\_\_  
Address

Date Key Given: \_\_\_\_\_

\_\_\_\_\_  
Phone Number

Date Key Returned: \_\_\_\_\_

\$ \_\_\_\_\_  
Deposit Amount

\_\_\_\_\_  
Date Paid

(Rev 7/09)