

**LIVINGSTON-CLIFTON FIREHOUSE
MEETING ROOM RENTAL**

Rate will be \$100 per day as of 1/1/25

NAME: _____

ADDRESS: _____

PHONE #: _____

E-MAIL ADDRESS: _____

DATE NEEDED: _____

TIME FOR DOOR TO BE UNLOCKED: _____ **AM/PM**

EVENT PLANNED END TIME: _____ **AM/PM**

- 1) You are responsible for your group and/or parties actions and conduct during your reservation. Your current and future reservation requests may be cancelled if the following should occur, fighting, unseemly conduct, health violations, abuse of property, or failure to remit payment.
- 2) Payment, Signed Rental Form & Agreement, Hold Harmless Agreement & Proof of Insurance must be received no later than 1 WEEK before rental date. Failure to do so will result in cancelation of your booking.
- 3) Facilities are reserved from the time you make payment; therefore there are NO REFUNDS if the reservation is cancelled.
- 4) Rental date changes/cancellations will only be accepted from individual originally booking the facility.
- 5) Your group must assume responsibility for providing adequate supervision, facility cleanliness, and general order while using the facility.
- 6) Damage and/or destruction of the above named property will result in repair and/or replacement fees billed directly to you.
- 7) In accordance with Village Noise Ordinance, all outside activities must be shut down by 11:00pm
- 8) No reservation can be ongoing past midnight of day stated above. Room must be cleaned out by midnight or risk being removed from the premises, required to pay an additional \$100.00 fee, and will not be allowed to reserve the space in the future.
- 9) If alcohol is present &/or consumed on the property you are claiming all responsibilities for the individual(s), and any damages to the property resulting from alcohol consumption.
- 10) In all circumstances, the organization retains full authority for final approval and denial of facility reservation requests.
- 11) You are responsible for leaving the facility the way you found it.

Additional Form Requirements: Hold Harmless Agreement, Proof of Homeowners Insurance Certificate (and payment)

Signature: _____

Date: _____

RENTAL CONTACT PERSON

Livingston-Clifton Fire District

** Attn: Deb Hill **

P.O. Box 144

Livingston, WI 53554

608-778-2025

livingstoncliftonrental@gmail.com