City Hall Council Chambers

City, Zip Phone number: Cell: Group / Event or purpose:	Name:		
Group / Event or purpose: Food Served? If yes, \$50 Cleaning deposit which may be returned in full if property is left clear by user. Date / Time of Event: Alt. Date/ Time of Event : TERMS OF USE: • A group must be able to demonstrate a public benefit or purpose for their groups use • Group must be "Pre-Approved by Simonton City Council. • Must accept full responsibility for their use of City Hall to hold harmless and indemnif the City for all actions which may arise out of it use. • If food will be served, group must pay deposit of \$50, or other to be determined by Simonton City Council to pay for any cleaning costs. Deposit may be returned in full i the property is left clean by user. • Availability will be first come, first served basis. However, an official use of City Hall to City Hall to Sort will always take precedence. • Groups may use available City Hall Facilities at no charge during regular days/ hours that City Hall is open to public. However, use during non-regular open hours/days wirequire supervision reimbursement of \$20/hour (three hours minimum) Subject to staffing availability. City Council or the Mayor will decide if group is exempt from this supervision fee. Acknowledgment:	Address:		
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Signatura Data	Acknowledgmei	nt:	
Signature Date	Signature		Date

*In the event of a time change or cancellation, a 24 hour notice is required to the City.

Simonton City Hall 35011 FM 1093, Simonton, Texas 77476 Phone: 281-533-9809

City Hall Council C ****For Office Staff Use (;				
Date Received:						
Pre-Approved Member:	YES O	R NO				-
If not a Pre-Approved N up to a month for Counc				sented to Cit	y Council for approva	al. (This may take
Approved:						
Not Approved:						
Exempt from Supervision	ו Fee? : ``	Yes OR I	NO			
Supervision Fee: \$20 /h	ours (min	imal 3 hours)				
\$20 hour x h	ours =		Check #_	Cash	:	
\$50.00 Food Service:			Check #	Cash:_		