PLEASE PICK UP KEY BEFORE 5 PM ON

_____

MARION TOWNSHIP HALL USAGE FORM
2877 W. Coon Lake Road, Howell, MI 48843 (517) 546-1588

Date Submitted:_____

Person Applying:_____
(This must be a Marion Township Resident who is 21 years or older)

Group/Organization Represented (if applicable):_____

Address:_____

City:_____

Telephone Number:_____Cell Phone:_____

Purpose of Hall Use:_____
_____

Number in Group_____

Room requested (circle one): Main Level Meeting Room Basement (no kitchen)

Equipment Needed, Chairs, Tables, etc. _____
_____

Date to be Used:_____ From _____ To: _____
(premises to be vacated by 10:00 p.m.)

I have received, read and understand the Marion Township Hall Use Policy Handout. I have filled out the above form and will take responsibility for the proper use and maintenance of the Marion Township Hall.

Signed_____ Date_____

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TOWNSHIP USE ONLY: ***$300.00 Security Deposit*** *check number*_____

$150 of the security deposit will be returned once the premises are inspected for damage.

Key Picked Up _____ *By* _____
(date) *(name)*

Key Returned _____*By*_____
(date) *(name)*

*Condition of Facilities:*_____

*Security Deposit Returned to:*_____
(Signature)

*Date*_____*Check Number*_____

SEE REVERSE SIDE