



## Tyrone Township Hall Usage Form

Association/Group Requesting Hall: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax#: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Meeting Time: *Begin:* \_\_\_\_\_ *End:* \_\_\_\_\_

Date of request: \_\_\_\_\_

Is building key required?  Yes  No If yes, date to pick up key: \_\_\_\_\_

Meeting type?  Private  Public

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### OFFICE USE ONLY

Date Posted To Calendar: \_\_\_\_\_ Initials: \_\_\_\_\_

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

#### Cancellation Information

Date Canceled:

Person Canceling:

Reschedule Date:

**TYRONE TOWNSHIP  
HALL USE AGREEMENT**

I, \_\_\_\_\_ hereby agree to the following conditions for the use of the Tyrone Township  
(Name)

Hall \_\_\_\_\_ for the purpose \_\_\_\_\_  
(Renter) (Purpose or event)

1. Cost of Tyrone Township Hall Rental is \$225.00 plus a refundable \$75.00 Security/Damage deposit. The total due upon receipt of this agreement is \$300.00. The Renter will be responsible for the full cost of cleaning and/or repairing of any stains or damage, above and beyond normal wear and tear, of the Townships property. This includes damage caused by the Renter, Renter's guest, Renter's service providers or any individual(s) connected to the Renter's event. If such damage occurs, it will be assessed and deducted from the deposit. The Renter will be billed for any additional amount that exceeds the deposit. If there are no added costs, the Security/Deposit will be refunded within 3 weeks.
2. The key given to me is for accessing the hall on (date) \_\_\_\_\_ for the gathering of the above identified group. The key must be put in the drop box after the event or returned to the township the following business day. If the key is lost I agree to pay the actual cost of replacing the affected locks at the Township even if it exceeds the deposit.
3. The Renter will clean and restore the township hall to its previous condition. All refuse shall be placed in outside refuse containers, for removal by the Township waste hauler.
4. Access to telephones and office areas is prohibited.
5. The Renter **WILL NOT SERVE NOR ALLOW ANY INDIVIDUAL TO SERVE ANY ALCOHOLIC** beverages in the facility or anywhere on the Township property.
6. The Renter will be responsible for locking the doors, turning out the lights, unplugging any electrical appliances that were used.
7. In case of emergency or questions on the day of the event, etc. please contact a Township official below:  

Mike Cunningham, Supervisor	810-498-5757
Marcie Husted, Clerk	810-955-5660
Jennifer Eden, Treasurer	810-280-0114
8. In the event the hall is unusable for any reason (example: power outage, flood) the township cannot be held accountable; all fees paid will be refunded.

**RELEASE AND INDEMINITY:** The Renter agrees to assume all risk of loss to indemnify and hold the Township, its officers, trustees, agents, and employees, harmless from and against any and all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments, including cost, attorney fees, and witness fees, and expenses instant thereto, for injuries to persons (including death) and for loss of, damage to, or destruction of property (including property of the Township), arising out of or in connection with this Agreement unless caused by the gross negligence or willful misconduct of the Township, its officer, trustees, agents, or employees. In the event that any damage or claim is made or suit is commenced against the Township, the Township shall give prompt written notice thereof to Renter and the Renter shall have the right to compromise or defend the same to the extent of its own interest.

**I have read, understand, and agree to the ruled, condition and limitations stated above.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**CHECK REQUEST FOR REFUND OF DEPOSIT**

DATE: \_\_\_\_\_

**To Whom The Check is Made out to:** \_\_\_\_\_

Address to **Mail the Check**; Street: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

MI \_\_\_\_\_

AMT: \_\_\_\_\_

REASON FOR REQUEST:

Refund of Hall Rental  
Deposit

If other than refund of hall rental deposit- please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Township Use Only***

FROM ACCT (name & GL #): \_\_\_\_\_

Common \_\_\_\_\_

Note to Cashier:  
\_\_\_\_\_  
\_\_\_\_\_

RECEIVED BY:  
\_\_\_\_\_  
\_\_\_\_\_