



**City of Perry  
Community Center**

**203 W. Polly St. Perry, MI 48872**

**Phone: 517-625-6155**

**Fax: 517-625-6157**

**"This institution is an equal opportunity  
provider and employer"**

**\*\* Two Checks Required \*\***

**Deposit Paid  
Check No. \_\_\_\_\_**

**Rental Paid  
Check No. \_\_\_\_\_**

*Office Use Only*

Return completed form with fees (by checks) to City of Perry.

All questions may be directed to City Hall, Monday through Friday, 8:00 am to 4:00 pm

Applicant/Organization: \_\_\_\_\_

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

Address: \_\_\_\_\_

Street

City

State

Zip

( ) \_\_\_\_\_

Home Phone

( ) \_\_\_\_\_

Cellular Phone

Event: \_\_\_\_\_

Dates of Event: \_\_\_\_\_ Maximum # Attending: \_\_\_\_\_

Hours of Event: \_\_\_\_\_ [ ] am [ ] pm Until \_\_\_\_\_ [ ] am [ ] pm

Description: \_\_\_\_\_

Attached Proof of Liability Insurance (*If Applicable*): [ ]

Facility Requested: [ ] Community Room [ ] Council Chambers

I have read, understand, will comply with and agree to be bound by the restrictions and conditions stated in the attached and incorporated City of Perry Community Room Policy including, without limitation, all indemnification provisions. \_\_\_\_\_

Initials

I understand and agree that I am fully responsible for all activity conducted at the above facility on the day, date and times stated. I agree to return the Facilities to an equivalent or better condition than when rented. \_\_\_\_\_

Initials

I understand and agree that if the Facility is used in a manner not permitted by the City of Perry, or damaged during my rental period, the City may: ban me and/or the organization from using other city facilities; seek reimbursement from me for damages to City property; and/or subject me to other enforcement action as authorized by law. \_\_\_\_\_

Initials

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* Office Use Only \*\*\*\*\*

Rent Charged: \_\_\_\_\_ Key Assigned: \_\_\_\_\_ Key Returned: \_\_\_\_\_



*City of Perry*  
APPLICATION FOR  
RESERVATION

*This institution is an equal opportunity provider, and employer*

PLEASE CHECK ONE OF THE FOLLOWING (Optional):

- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- BLACK OR AFRICAN
- HISPANIC OR LATINO
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- WHITE