

**CITY OF HOLTVILLE
FACILITY USE PERMIT
FOR THE USE OF CITY-OWNED PARKS AND RECREATION
FACILITIES**

ACTIVITY DATE(S): _____

NAME OF APPLICANT: _____

ADDRESS: _____ **HOME PHONE #** _____

DRIVERS LICENSE # _____
(COPY WILL BE REQUIRED FOR ATTACHMENT TO APPLICATION)

WORK PHONE # _____ **CELL #** _____

ORGANIZATION (IF APPLICABLE): _____

TIME _____ **AM/PM** **TO** _____ **AM/PM**

PURPOSE OF FACILITY USE(S): _____

NUMBER OF PARTICIPANTS: _____

REQUESTED FACILITY:

- | | |
|---|---|
| <input type="checkbox"/> CIVIC CENTER | <input type="checkbox"/> HOLT PARK – SHADE/TABLE/BBQ |
| <input type="checkbox"/> GAZEBO | <input type="checkbox"/> MACK PARK – SHADE/TABLE/BBQ |
| <input type="checkbox"/> HUT | <input type="checkbox"/> RALPH SAMAHA FIELD |
| <input type="checkbox"/> SWIMMING POOL | <input type="checkbox"/> TENNIS COURTS |

Facility	Rental Fee	Deposit	Electricity	Field Lighting
Civic Center *	40.00/60.00	100.00	N/C	
Gazebo	30.00 (3hr. limit)	100.00	50.00	
Mack Park / Picnic BBQ	25.00	100.00	50.00	20.00 / hr.
Holt Park / Picnic BBQ	30.00	100.00	50.00	
Ralph Samaha Field	25.00	100.00		20.00 /hr.
Swimming Pool*	30.00	100.00	N/C	
HUT*	40.00	100.00	N/C	
Tennis Courts	25.00			
*Hourly Rate N/C - No Charge \$50 electrical fee only applicable when requested				

RIGHT TO CHANGE RULES

THE CITY OF HOLTVILLE RESERVES THE RIGHT AT ANY TIME TO MAKE REASONABLE CHANGES IN OR RESCIND ANY OF THESE POLICIES AS MAY BE NECESSARY FOR THE SAFETY, CARE AND CLEANLINESS OF THE PREMISES.

AGREEMENT

I hereby certify that I _____ will be responsible for any damage or unnecessary abuse of building or equipment on rental site premises. I agree to hold the City of Holtville harmless and free from liability of any nature arising from the use of City rental facilities including reimbursement of any legal fees incurred in the defense of such claims. I certify that I have read the Rules and Regulations of this form, and hereby agree to abide by all rules and enforce the same.

Signature

Date

INSURANCE REQUIREMENTS

Renter must provide evidence of general liability insurance coverage in the amount of \$1,000,000 per occurrence (includes bodily injury and property damage) The City shall be named as additional insured on the general liability policy and the policy shall evidence the use of City facilities.

Official Use Only

Fees Collected \$ _____

Deposit Collected \$ _____

Date Paid _____

Date Inspected _____

Inspected By _____

Refund Approval _____

Date of Refund _____

Approved By _____