City of Covington
16720 SE 271st Street, Suite 100 • Covington, WA 98042 (253) 480-2400 • Fax: (253) 480-2401
After Hours Contact Number: (253) 569-0167

KCSO Community Room Reservation Form

RESERVATION INFORMATION

Date requested: _____

Type of Meeting: _____

Approximate Attendance: _____ Kitchen Needed: ☐ Yes ☐ No

Hours: From: _____a..m./p.m. To:_____a.m./p.m. Circle One: **M T W TH F SA SU**

KCSO Meetings are City Supported Events and are charged as follows:

During normal business hours of 8 am to 5 pm: No Charge: ____

Normal Damage Deposit of $257.00 is waived for KCSO meetings.

After normal business hours: Facility Monitor Fee at $12.00 per hour, **plus $6.00 per event** for Facility Monitor's time to unlock/lock facility and prepare forms for event.

_____ Rental Hours x $12.00/hour + $6.00 = **Total Facility Monitor Fee:** $_____

Any additional time spent over reserved time will be charged to KCSO after meeting.

KCSO CONTACT INFORMATION (Please Print)

Name:_____ Title: _____

Street:_____ City:_____ Zip:_____

Day Phone: (___)_____ Evening Phone: (___) _____

E-mail Address: _____

I have received a copy of the City's **Rental Procedures & Regulations** and agree to comply with all said rules and regulations. I agree to defend, indemnify, and hold harmless, the City of Covington, its appointed and elected officials, agents, and employees from and against any and all liability, loss, costs, damage and expense, including costs and attorney fees in defense thereof because of actions, claims, or lawsuits for damages resulting from personal bodily injury, including death at any time resulting there from, sustained or alleged to have been sustained by any person or persons on account of damage to property, arising or alleged to have arisen directly or indirectly out of or in consequence of the permitted use.

I am agreeing to these terms on behalf of, and they are binding on, me, my family, my heirs, beneficiaries, personal representatives and estate.

Signature of Applicant: _____ Date:_____

FOR OFFICE USE ONLY: Date Reserved: _____ Cash___ Check___ Credit Card___

Total Rental Fee Paid: $_____ Date: _____ Receipt Number:_____

Forms Received: Rental Procedures and Regulations/Initialed _____ Reservation Form: _____