



City of Chardon

Chardon Municipal Center • 111 Water Street • Chardon, Ohio 44024-1201

COMMUNITY MEETING ROOM APPLICATION

107 South Street, Ste. 6, Chardon, OH 44024

www.chardon.cc

CITY COUNCIL
CITY MANAGER
440-286-2600

Fax: 440-286-2658

FINANCE

440-286-2470

Fax: 440-286-2658

Income Tax

440-286-2696

Fax: 440-279-0903

Water & Sewer Billing

440-286-2949

Fax: 440-286-2658

PARK & RECREATION

440-286-2630

Fax: 440-286-2658

POLICE

440-286-6123

Fax: 440-286-2680

PLANNING & ZONING

440-286-2654

Fax: 440-286-5541

PUBLIC SERVICE

440-286-2655

Fax: 440-286-5541

Division of Streets,
Cemeteries & Parks

440-286-2656

Fax: 440-286-2681

Division of Water
& Wastewater

440-286-2657

Fax: 440-286-7538

Organization: _____

By: _____ Title: _____

Address: _____

Cell Phone: _____ Email: _____

Date Requested: _____ Time: _____ a.m./p.m. to _____ a.m./p.m.

REGULATIONS FOR USE OF COMMUNITY MEETING ROOM

- No alcoholic beverages are permitted on the premises.
- If use of room is not required after scheduling its use, notify the City's Manager's Office as soon as possible.
- Pick up and return key at the Dispatcher's window in the Police Department.
- Inspect room before use, since it must be left in the same condition.
- **DO NOT** tape or nail anything on the inside or outside walls.
- **DO NOT** adjust the thermostat.
- Capacity must not exceed fifty (50) occupants.
- **BEFORE LEAVING:**
 - 1) Place all trash in wastebaskets
 - 2) Vacuum floor
 - 3) Close and lock all windows
 - 4) Turn off all lights
 - 5) Lock door to meeting room and verify that it is locked
 - 6) Sat./Sun. or if after 5 p.m. M-F, lock the door to the building. The key must be inserted from the inside in order to lock the door.

I have read the above regulations regarding use of the Community Meeting Room and I understand that if we do not comply with the regulations, our organization may be banned from future use. I, individually and as the authorized representative of the organization, accept responsibility for any and all damage to the meeting room or its fixtures or contents.

Signature: _____ Date: _____

Certificate of Insurance naming the City of Chardon as additionally insured.

Approval from the Office of the City Manager: _____ Date: _____

Cc: File/applicant/finance dept./police dept./recreation dept./street dept.