

City of Glidden
APPLICATION FOR FACILITY RESERVATION
(FEES DUE WITH COMPLETED APPLICATION)

NAME (must be at least 18 years old) _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Alternate Telephone (____) _____

E-MAIL _____

DATE REQUESTED _____ (day of week _____)

Facility:

_____ Kruger Shelter Rental - (cap. 128) Location: 223 W 7th Street

_____ City Park Shelter Rental - (cap. 88) Location: 325 E 3rd Street

(City Park Open Shelter Rental – First come-first served basis (cap. 48)

_____ Northland Park Shelter Rental - (cap. 48) Location: 19954 Sherwood Avenue

_____ Library Meeting Room Rental - (cap. 60) Location: 110 Idaho Street

_____ Picnic Table Rental - \$2.00 per table (within City limits only)

FEES SUBJECT TO CHANGE DUE TO ANNUAL REVIEW

All city buildings are non-smoking facilities.

The facility is available the rental day only.

Hours available 8:00 am to 12:00 midnight

The undersigned hereby agrees to abide by all of the rules governing building rentals set forth by the City of Glidden. I also agree that I or my organization will pay the required building rental fee and deposit. I understand that the City of Glidden may retain the deposit fee to cover the cost of any damages incurred during rental. I will reimburse the City of Glidden for any and all damages incurred during the rental period with a cost greater than that of the required deposit fee. Deposit will be refunded in full if all rules and regulations set forth by the City of Glidden are followed and no damage is incurred to the building during rental period. If notice of cancellation is received thirty days prior to reservation date, the rental fee will be credited towards another rental. In case of weather cancellation, the rental fee may be credited towards another rental.

Key# _____

Signature _____ Date _____ Kruger Fee \$50.00

City official _____ Date _____ Kruger Deposit \$100.00

Deposit check will be shredded unless marked to send back. _____ Other Facility Deposit \$25.00

Both checks payable to City of Glidden

P.O. Box 349

Glidden, Iowa 51443

CITY OF GLIDDEN FACILITY CHECKLIST

NO SMOKING ALLOWED IN BUILDING

NO PETS ALLOWED IN BUILDING

- ___ Please do not tape or pin anything to the walls, doors or island.
- ___ Wipe and dry all tables and countertops.
- ___ Empty all garbage and put in dumpster. Be sure to put new bags in cans.
- ___ Clean and wipe down appliances and empty them.
- ___ Sweep all floors **including the bathrooms** and sweep off the rugs.
- ___ Damp mop in restrooms & main room as needed.
- ___ Wipe and dry kitchen sink.
- ___ Be sure all doors are **closed** and **locked**.
- ___ Be sure all lights and water are shut off including those in the bathrooms.
- ___ After tables are wiped and dried, please put chairs back around tables.
- ___ Be sure to turn thermostats back to 70 degrees. (Kruger, Library)
- ___ Please be sure that all garbage is picked up from the patio area and around the building.
- ___ Kruger electronics in cabinet (TV remote, wireless mic, microphone, aux cable)

Please ensure all items listed above are complete so your deposit may be returned.

If you have any questions or comments, please email to: gliddenoffice@mediacombb.net.

The City of Glidden reserves the right to refuse a reservation and adjust schedules for special events.

Thank You!

*Return Key to City Office Drop Slot
City Emergency On Call #712.830.4819*