

**Benzie County Governmental Center
Meeting Room Use Application**



Applicant's Name: _____

Organization Being Represented, if applicable: _____

Address: _____

Email Address: _____ Phone: _____

Type of Activity: _____

Room Requested: _____

Date of Use: _____

Time of Use: From _____ am/pm to _____ am/pm – includes set-up and clean-up time

Anticipated number of persons in attendance: _____

It is understood and agreed that Applicant assumes all risks for loss, damage, liability, injury, cost or expense that may arise during or be caused in any way by such use or occupancy of the facilities of Benzie County; applicant agrees to hold harmless Benzie County and its employees for any loss, damages, or injuries to persons and or property caused by Applicant's use or occupancy. Any change or modification of intended use must be approved by the County Clerk. Change may result in cancellation of use.

I, the undersigned, have read and understand the above and the Benzie County Policy for Meeting Room Use and agree that I will follow all regulations and guidelines and be personally responsible on behalf of the applicant for any damage or loss sustained by the grounds, building, furniture, fixtures or equipment or necessary clean-up occurring through the occupancy of the facilities by the applicant. I also understand that if there is a fee for security of the building during my scheduled use that I must pay the fee for security services.

Date: _____

Signature of Applicant