



Rolland Lewis Building Rental Agreement

Name of Contact Person: _____

Email Address: _____ Phone Number: _____

Name of Applicant, Organization or Event: _____

Address: _____

Room Rental: Whole Building South End North End Small Meeting Room

Event Date: _____ Start Time and End Time: _____

Type of Meeting: _____

Set-up Style: Chairs Only Classroom (*Tables w/ chairs on 1 side*) Potluck (*Tables w/ chairs on both sides*)

Number of Expected Attendance: _____ Number of Head Tables: _____

Which Direction Should Tables Face: _____ Number of Food Tables: _____

I have read, understand, and agree to abide by the Building Rental Policy of the City of Mt. Vernon facilities and equipment as stated within.

Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Staff: _____

Total Fees Due: _____ Setup Chart Received: _____

Fees Paid: _____ Staff: _____ Date: _____ Balance Due: _____