MASON MUNICIPAL CENTER
FACILITY USE REQUEST FORM

Thank you for your interest in using City of Mason public meeting space. Maintaining a safe environment for the residents and businesses of Mason is a top priority. For your safety, the City has established a policy for room usage and rooms are monitored and recorded. We ask that everyone using a meeting room review the policy as violations of the policy can lead to the denial of future meeting room requests and forfeiture of security deposit. City of Mason public meeting rooms are intended to provide occasional meeting space for a variety of groups conducting organizational business. While the City attempts to maximize facility use, it is recommended that organizations not rely on consistent and frequent use of these facilities. Meeting rooms in the Municipal Center are a wonderful community asset. We encourage the use of the rooms in a manner that is safe for all patrons to enjoy.

Name (First, Middle Initial, Last) _____ Phone _____ Email _____

Street Address _____ City _____ State _____ Zip Code _____

Organization Name _____

Organization Street Address _____ City _____ State _____ Zip Code _____

Event/Activity Name: _____

Date(s) Requested: _____

Time of Event (including setup): _____ to _____

Approximate Attendance: _____

Brief Description of Event/Activity:

Area(s) Requested (Please check all that apply)**:**

- ☐ Community Room (capacity 62 people), Room 1029
- ☐ 2nd Floor Classroom (capacity 32 people), Room 2029
- ☐ Small 2nd Floor Conference Room (capacity 6 people), Room 2031
- ☐ Large 2nd Floor Conference Room (capacity 12 people), Room 2025

Please review the questions below and check all that apply:

1. Organization Type: City Sponsored ☐ Community Service Organization ☐ Private Organization ☐ Commercial Business ☐
2. Is your organization a non-profit? Yes ☐ No ☐
   ** If checked yes, please provide relevant information or literature supporting your non-profit status.*
3. Will children under 12 years of age be present? Yes ☐ No ☐
4. Will food or refreshments be served? Yes ☐ No ☐
5. Will you be attending the meeting? Yes ☐ No ☐
6. Has your group used the room four times this year? Yes ☐ No ☐

I have read and accept the terms, rules and guidelines for use of public meeting space provided by the City of Mason.

Signature _____ Date _____

To request a room, please print the Facility Use Request Form and Indemnity Agreement, complete and sign both forms, and submit along with a $200 deposit check (made payable to the City of Mason) to:

Facility Request Coordinator
Mason Municipal Center • 6000 Mason-Montgomery Road • Mason, Ohio 45040

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RELEASE, INDEMNITY, AND INSURANCE REQUIREMENTS AGREEMENT

The _____ (Name of Organization) shall indemnify, hold harmless and defend the City of Mason (OH), their elected and appointed officials, all employees, agents, all boards, commissions, and all volunteers against any and all liability, loss, costs, damages, expenses, claims or actions, including any attorney fees which the City of Mason, its elected and appointed officials, employees, agents, all boards, commissions, and volunteers may incur or be required to pay, arising out of or by any act or omission on the part of the Organization, its employees, representatives, agents, and volunteers, while occupying any City of Mason facility/property during any time members of the organization are utilizing said property/facility.

The Release and Indemnity Agreement is given into consideration of the use of certain facilities owned by the City of Mason and shall include all expenses incurred by the City of Mason as a result of any such liability claims, actions, demands, and/or judgments, etc., including but not limited to the attorney's fees and any costs associated herewith.

_____
Representative's Name (Please Print)

_____ _____
Representative's Signature Date