

Town of Thorndike

PO Box 10,125 Mt. View Rd.

Thorndike, ME 04986

Ph: 207-568-3655

Fax: 568-3653

Meeting Room Fees

	Main Room & Kitchen w/o Stove	Use of Stove
In Town	\$50.00	\$10
Out of Town	\$75.00	\$10

\$50 deposit is required to hold your date and must be submitted with the application. Your deposit will be returned in the event the room is returned in its original condition. A separate check must be made out for the deposit and the usage fee. *****User must provide proof of insurance for \$500,000 in liability coverage.*****

A 48 hour cancelation notice is required to receive full deposit back.

Meeting Room Usage Agreement

Event/Organization Name: _____

Date(s) of Event: _____

Time(s) of Event: _____

Contact Person: _____

Telephone: _____

Address: _____

Specific Needs (tables/chairs/kitchen, etc.): _____

SPECIAL NOTES:

All waste generated must be removed by user or a \$4/per bag fee will be applied from deposit.

Please remove all tape and decorations. No liquor allowed!

By signing this agreement, you agree to pay the Usage Fee of \$ _____ to help cover the cost of utilities and maintenance for this building. In addition, a **\$50.00 deposit** will be held by the Town of Thorndike. The entire deposit will be returned within one week of the event as long as the following conditions are met: the space you occupied is clean and undamaged. In the event the conditions were not met, part of the deposit will be withheld and the remaining funds will be reimbursed during the next selectmen's meeting.

By signing this agreement, you verify that you have read, understand, and agree to abide by the Policies for Use of the Thorndike Town Office and, further, agree to the above stated fee and deposit.

Signature: _____ Date: _____

Thank you for your cooperation. If you have any questions or needs please call 568-3655

FOR OFFICE USE ONLY

Reservation Date: _____ Proof of Insurance _____ Main: _____ Kitchen: _____ Stove: _____

Deposit \$ _____ Check # _____ Cash _____ Usage Fee: \$ _____ Check# _____ Cash _____

Deposit Return Date: _____ Amount Withheld: \$ _____

Reason for withholding: _____

Approved by: _____ Approval Date: _____