

**HIGHLAND COMMUNITY CENTER
FACILITY USE APPLICATION
CITY OF LAKE ALFRED, FLORIDA**

I. FACILITY INFORMATION

Date(s) Requested: _____

Time of Event: From: _____ To: _____
(FACILITY CLOSSES AT 11:00 P.M. INCLUDING CLEANING TIME!!!)

Type of Event: _____

Approximate number of guests attending: Adults _____ Children _____

II. APPLICANT INFORMATION

Name: _____

Address: _____

Phone: (W) _____ (H) _____ (C) _____

Driver's License No.: _____

I, _____ have received, read and understand the City of Lake Alfred building regulations, refunds and rules policy. I realize that my event/program will be terminated should it create any violation of the City of Lake Alfred's rules and regulations. I also understand that the responsible party/organization will be denied future use of all city facilities as a result of a violation of city rules and regulations.

Signature: _____ Date: _____

Witness: _____ Date: _____

III. DEPOSIT

Security Deposit (**\$200.00**) \$ _____

Total \$ _____

IV. FEES

Facility Rental for Residents (**\$150.00**) \$ _____

Facility Rental for Non-Residents (**\$200.00**) \$ _____

Meetings 2 hr. minimum @ \$25.00 per hour \$ _____

7% Sales Tax \$ _____

Police Officer (\$30/hr) _____

Total Amount Due \$ _____

MAKE CHECKS PAYABLE TO THE CITY OF LAKE ALFRED

(Cash if less than two weeks from the needed date)

<i>For Office Use Only</i>	
Date Paid: _____	Receipt No. _____
Key Pickup Date: _____	Time: _____ Initials _____
Key Return Date: _____	Time: _____ Initials _____
BUILDING INSPECTED BY:	
_____	Date/Time: _____