



**APPLICATION  
FOR USE OF COMMUNITY ROOM**  
(Check box of facility to be used.)

Historic Courthouse Museum  
255 N. Main St., Lakeport, CA 95453  
(707) 262-4555 Fax (707) 263-7918

Middletown Library  
21256 Washington St, Middletown, Ca  
(707) 262-1618 Fax (707) 262-0973

Lower Lake Town Hall  
16195 Main St, Lower Lake, CA  
(707) 262-1618 Fax (707) 262-0973

Lower Lake Schoolhouse Museum  
16435 Main St., Lower Lake, CA 95457  
(707) 995-3565 Fax (707) 995-2618

APPLICATION DATE \_\_\_\_\_ ACTIVITY DATE (S) \_\_\_\_\_ FROM: \_\_\_\_\_ am/pm TO: \_\_\_\_\_ am/pm  
TIME OF USE

1. REQUESTING ORGANIZATION:

Name of Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. TYPE/PURPOSE OF ORGANIZATION: \_\_\_\_\_

3. INTENDED USE OF FACILITY: \_\_\_\_\_

4. SIGNAGE: Subject to prior approval of the size and design, no more than 10 days in advance of the event, the organization may place a sign on the grounds of the facility for the purpose of advertising its event.

5. PERSON APPLYING ON BEHALF OF ORGANIZATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

6. ESTIMATED ATTENDANCE: \_\_\_\_\_

<p>1. HAVE YOU READ FACILITY USE POLICY? ___ YES ___ NO</p> <p>2. LIGHT SNACKS SERVED? ___ YES ___ NO</p> <p>3. WILL ANY FUNDS BE COLLECTED? ___ YES ___ NO</p> <p>4. WILL THE FUNCTION BE PUBLICLY ADVERTISED? ___ YES ___ NO</p> <p><b>FOR STAFF USE ONLY:</b> CERTIFICATE OF INSURANCE REC'd: ___ Not required ___ DEPOSIT REC'd: ___ Yes ___ Not required ___</p>
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7. COMMENTS: \_\_\_\_\_

RELEASE FROM LIABILITY AND INDEMNIFICATION: In consideration of and a condition for use of above facility, applicant hereby agrees to assume any and all risks arising out of or incident to the use of said facility and expressly waives any claim that the applicant may otherwise have against the County based on the use of the County owned property or otherwise. Pursuant to this application, applicant further agrees to indemnify and hold harmless the COUNTY OF LAKE, its officers, agents and employees from any and all claims, damages, losses, or expenses, including bodily injury, property damage, or other loss of applicant or any of its agents, employees, licensees, invitees or any other persons, arising out of or incident to the use of said facility pursuant to this application, regardless of whatever the loss or other damage resulting from applicant's conduct, the conduct of third parties or the joint conduct of applicant and County. The applicant agrees to pay any County cost incurred in defending against any such claims, including reasonable attorney's fees.

CLEAN UP AGREEMENT: Applicant is responsible for leaving said facility as clean as it was found and putting chairs, tables, etc. away after use. Applicant agrees to pay, without limitation, the cost of cleaning, missing items, or damage to said facility. Applicant has read, understands and agrees to comply with the "Facility Use Policy".

By signing, the applicant (Licensee) acknowledges receipt of the Facility Use Policy and agrees, on behalf of him or her self and any group or organization he represents, to abide by the requirements of said Policy as well as agreeing to the above "Release from Liability and Indemnification" and "Cleanup Agreement."

\_\_\_\_\_  
SIGNATURE OF LICENSEE

\_\_\_\_\_  
DATE

*Please return completed application and Certificate of Insurance(if required) at least two weeks prior to your activity.*

NOTICE OF RESERVATION APPROVAL/DISAPPROVAL:

TO _____(Name of requesting organization or individual)
Reservation Approved? _____
Authorized Signature: _____
Comments/Special Conditions: _____
_____