

CITY OF PAYNESVILLE
CITY HALL ROOM RESERVATION FORM

221 Washburne Ave., Paynesville, MN 56362
 Phone: (320) 243-3714 Fax: (320) 243-3713

Renter: _____

Complete Mailing Address: _____

Daytime Phone: _____ Email Address: _____

Date of Use: _____ Time of Use: _____

Choose Preference	Location	Capacity
	Council Chambers	45
	Conference Room (8:00 a.m. – 4:30 p.m. only)	12

Special Requirements	
	Podium
	Number of Chairs
	TV Screens/Panels
	Projector
	Number of Tables

	Entity	Fee	Tax	Deposit
	local non-profit	Free	\$0.00	\$50.00
	local business	\$100.00	\$7.13	\$50.00
	out-of-town non-profit	\$100.00	\$7.13	\$50.00
	out-of-town business	\$100.00	\$7.13	\$50.00

How to arrange room: _____

Room must be left in the condition the room was in when arrived to receive the deposit back.

Rental Fee Received:	_____
Tax Received:	_____
Deposit:	_____
TOTAL	_____
Date Key Issued:	_____
Key Issued To:	_____
Date Key Returned:	_____

 Renter Signature

 Date

 City Approval

 Date

PLEASE RETURN THIS COMPLETED FORM & KEY TO CITY HALL ~ THANK YOU