

CITY OF PAYNESVILLE  
**VETERANS PARK SHELTER**  
**CLEAN UP CHECK LIST**

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

Renter: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Shelter Use: \_\_\_\_\_ Time of Shelter Use: \_\_\_\_\_

**AREA RESERVED**  
**VETERANS PARK SHELTER KITCHEN WITH BANQUET HALL & OUTDOOR SEATING**

The Renter must sign this Clean Up Check List in the space provided below. By doing so, the Renter agrees that he/she has adhered to the requirements; unless special arrangements have been noted by City Staff on this Check List and agrees to accept the consequences for their failure to do so. **The Renter is responsible to provide his/her own cleaning supplies.**

1. Describe the condition of rented area(s) when arrived: \_\_\_\_\_  
\_\_\_\_\_

2. Complete the following, if used:

- |                                                                                                                                     |                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Pick up all trash and recyclables and place in appropriate receptacles                                     | <input type="checkbox"/> Make sure the double sink is clean and the drain is free from food particles and trash |
| <input type="checkbox"/> Clean the oven                                                                                             | <input type="checkbox"/> Sweep the floor                                                                        |
| <input type="checkbox"/> Wipe off stove top                                                                                         | <input type="checkbox"/> Mop up all spills                                                                      |
| <input type="checkbox"/> Wipe off the outside of the refrigerator/freezer, remove all food and wipe inside the refrigerator/freezer | <input type="checkbox"/> Verify 1 <sup>st</sup> Aid Kit is in the drawer of kitchen cabinet                     |
| <input type="checkbox"/> Wipe off all counters                                                                                      | <input type="checkbox"/> Turn off lights                                                                        |
| <input type="checkbox"/> Wipe off all picnic tables                                                                                 | <input type="checkbox"/> Shut and lock all doors                                                                |
| <input type="checkbox"/> Wipe off and stack all folding tables                                                                      | <input type="checkbox"/> Return keys and Clean Up Check List to City Hall                                       |
| <input type="checkbox"/> Wipe off and stack all folding chairs                                                                      | <input type="checkbox"/> The damage deposit return, if applicable, may take 2- 4 weeks for processing.          |

3. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Renter Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Approval

\_\_\_\_\_  
Date

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