



COUNTY OF ALLEGAN ROOM RESERVATION APPLICATION

Karl Zimmerman Conference Room in the Allegan County Human Services Building (3255 - 122nd Avenue, Allegan MI 49010) is available for reservation Monday through Sunday, 8:00 a.m. to 5:00 p.m. Include time in your reservation request for both set-up and clean-up. Please mail the application, to: Allegan County Administration, County Services Building, 3283 122nd Avenue, Allegan, MI 49010 or fax to 269-686-5331

Event date: _____ Hours of reservation: _____ From: _____ To _____
Must Include Set-Up and Clean-Up

Organization requesting use: _____

Contact person: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Day phone: _____ Evening phone: _____

Phone Number To Reach You During Your Event _____

Type of event: _____

Size of group: _____

Please read and check the following items:

To the fullest extent permitted by law, I and the organization I represent agree to defend, pay on behalf of, indemnify, and hold harmless Allegan County, its authorized agents, elected and appointed officials, employees and volunteers and others working on behalf of Allegan County against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from Allegan County, its authorized agents, elected and appointed officials, employees and volunteers and others working on behalf of Allegan County, relating to or by reason of personal injury, including bodily injury or death, and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the use of Allegan County rooms, facilities and/or equipment.

I have included a copy of my IRS 501C(3) tax-exempt certification.

I have included a copy of my insurance certificate meeting or exceeding the insurance requirements as attached to the policy.

I have read the *County of Allegan Meeting Room Use Policy CS1* and the information on this form. I further agree to abide by the Policies and Procedures as well as the ordinances of the County of Allegan, and laws of the State of Michigan, and I accept responsibility for any violations and agree to pay for any damages, cleanup, or restoration of the room, as they may pertain to the application.

Signature _____

Date _____

FOR OFFICE USE ONLY

Room Use: Approved Disapproved Date: _____

Administrative Department: _____

Date Applicant Notified: _____