

**CITY OF PERRYSBURG DEPARTMENT OF PUBLIC SERVICE**

11980 Roachton Road | Perrysburg, OH 43551 | Office 419 872 8020 | [www.ci.perrysburg.oh.us](http://www.ci.perrysburg.oh.us)

**SCHALLER MEMORIAL BUILDING RESERVATION AND AGREEMENT**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Organization \_\_\_\_\_

Purpose of Rental \_\_\_\_\_

Reservation Date \_\_\_\_\_ Reservation Hours from \_\_\_\_\_ to \_\_\_\_\_

The building user hereby acknowledges receipt of the use regulations for the building to be rented and agrees to comply with said regulations, which are hereby made a part of this agreement.

\_\_\_\_\_  
Building user's authorized signature (title is applicable) \_\_\_\_\_ Date \_\_\_\_\_

**CITY USE ONLY**

Agreement Number \_\_\_\_\_

Rental Fee \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

Approved \_\_\_\_\_  
Director of Public Service \_\_\_\_\_ Date \_\_\_\_\_

---

Building condition after use inspected by \_\_\_\_\_

Date and time of inspection \_\_\_\_\_ Condition acceptable YES NO

If not acceptable, reason \_\_\_\_\_

Security deposit refund approved \_\_\_\_\_ Account number 110-1760-56070

\_\_\_\_\_  
Director of Public Service \_\_\_\_\_ Date \_\_\_\_\_