



# LA VERKIN CITY BUILDING CHECK LIST 111 South Main Street

This building is being rented in an "as is" condition. Please check it prior to usage to make sure you are aware of the condition that it is in.

Before your deposit is returned the following areas will be checked:

- |                       |                                    |
|-----------------------|------------------------------------|
| A. Kitchen            | B. Gymnasium                       |
| 1. Fridge             | 1. Floor                           |
| 2. Stove Top and Oven | 2. Stage                           |
| 3. Sinks              | 3. Chairs & Tables Stacked         |
| 4. Floor              | <i>Beginning Chair Count</i> _____ |
|                       | <i>Beginning Table Count</i> _____ |
| C. Rest Rooms         | D. General Area                    |
| 1. Urinals            | 1. All Coolers Off                 |
| 2. Sinks              | 2. All Heaters Off                 |
| 3. Floors             | 3. All lights off                  |
|                       | 4. Check all doors                 |
|                       | a. Locked                          |
|                       | b. Securely closed                 |

There will be a \$25.00 charge for any door found unlocked or propped open.

I \_\_\_\_\_ agree to indemnify and hold harmless, LaVerkin City, and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of:

\_\_\_\_\_ (purpose of use), on \_\_\_\_\_ for bodily injury, illness, or death, or for property damage, including loss of use, in whole or in part, caused by the renter's negligent act or omission, or that of anyone employed by them, or for whose acts the renter may be liable. **\*\*ALCOHOL IS NOT PERMITTED ON ANY CITY PROPERTY\*\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Rental Deposit will be released no sooner than 48 hours after the 1<sup>st</sup> working day following the rental use, to allow the building to be inspected. All issued keys must be returned within that time. (Key Fob may be dropped in drop box outside the office.)

Please provide a phone number and an address to return the security deposit refund. If applicable.

\_\_\_\_\_  
Mailing Address & Phone Number

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Approved/Not approved

If not approved list reasons on separate sheet.

Ending Chair Count \_\_\_\_\_  
Ending Table Count \_\_\_\_\_