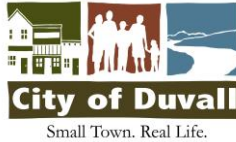


Received Stamp



City of Duvall
P.O. Box 1300
Duvall, WA 98019
Phone: 425-788-1185
Fax: 425-788-8097
bookings@duvallwa.gov

Facility Rental Application
www.duvallwa.gov

EVENT INFORMATION:

Date(s): Time(s): Type of Activity: Occupancy not to exceed 48
Adults Estimated Number: Minors Estimated Number:
Facility: Visitor Center Rose Room Depot Bldg. Other:
Will there be music? Yes No Is alcohol to be served? Yes\* No
\*Review Facility Rental Policy for requirements.
Are you requesting reservation to include use of the Fire Pit? (Depot Bldg. only) Yes\* No
\*See fire pit guidelines in the Facility Rental Policy.

CONTACT INFORMATION:

Organization Name: Contact person name:
Address: City: Zip:
Phone Day: Evening: Email:

OTHER:

If Nonprofit- Identification Number (UBI): Copy of 501c3 required if nonprofit. Please attach.
Is event open to the public? Yes No
Will fundraising or product sale take place? Yes No

RATES:

See fee schedule for current rental rates and deposit requirements.

NOTE:

Payments to be made at City Hall via cash or check only. The key for the Building must be picked up at City Hall during office hours, Monday-Friday, 8:30 am - 4:30 pm at 15535 Main Street NE (closed for lunch from 12:00 p.m. - 12:30 p.m. and holidays).
If you have any questions please call the facility scheduler at 425-788-1185.

\*\*\*I have read and agree to the FACILITY RENTAL POLICY\*\*\*

Applicant / User's Signature: Date:

For Official Use Only
Do Not Write Below This Space

Deposit received?: Yes No Amt: Payment Received: Yes No
Hourly Rate: No. of Hours: Fees Paid: