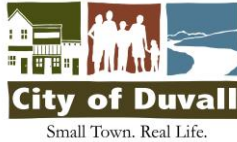


Received Stamp



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:** _____

Adults Estimated Number: _____ Minors Estimated Number: _____ **Occupancy not to exceed 48**

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 can be made at City Hall, 15535 Main Street NE during regular business hours.
If you have any questions please call the facility scheduler at 425-788-1185.
*****I have received a copy of, 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: _____