

Spring City Municipal Corporation

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150 East Center Street
 P.O. Box 189
 Spring City, Utah 84662



Building Rental Applicaton & Checklist for Deposit Return

Building Used by: _____ Phone Number: _____

Building Used for: _____ Room(s) Used: _____

Date Used: _____ Time: _____ Rental Fee: _____ Deposit: _____

For Office Use Only

Key# _____ Key Return Date: _____ Deposit Return Approved _____ Date Deposit Returned/Shredded _____

PLEASE CHECK THE FOLLOWING:

	Clean & Ready FOR USE	Turn Off LIGHTS	Shut/Lock DOORS	Lock WINDOWS	Turn off HEAT
Men's Restroom	_____	_____	_____	_____	_____
Woman's Restroom	_____	_____	_____	_____	_____
Senior Room	_____	_____	_____	_____	_____
Conference Room	_____	_____	_____	_____	_____
Gym	_____	_____	_____	_____	_____
Front Door Area	_____	_____	_____	_____	_____
Hallways	_____	_____	_____	_____	_____
Kitchen	_____	_____	_____	_____	_____

PLEASE DO THE FOLLOWING IF APPLICABLE:

Make sure the tables and chairs have coasters/rubber bottoms *before* using on wood floors: _____

Turn off handicap switch on front entry door: ____ Lock up cleaning closet: ____ Vacuum carpets: ____

Take out all garbage: ____ Sweep/mop gym floor as needed: ____ Clean off bowery tables and floor: ____

Straighten/return all chairs, tables, and carts to original positions: ____ Remove all personal items: ____

**Please leave the building, including bathrooms, clean and ready for use by the next group.
 Check Gym Door, Front Door, and Outside West Door for complete closure before leaving.**

I _____, have thoroughly checked the building and marked the above that applies to me.

Please drop the key in the night drop box with the checklist. If all cleaning and care requirements have been met, your deposit check will be available for pick up on the next business day; after 5 business days it will be shredded.