

104 Bridge St S, PO Box 489, Orting, WA 98360 Phone: 360.893.9002 Fax: 360.893.6809 Email: dcharchenko@cityoforting.org

Website: www.cityoforting.org

## **Orting City Park Facility Rental**

This Park Use Permit allows the city to keep track of the planned activities in our parks. We require a maintenance fee for the use of the Gazebo or the covered BBQ area. Reservation of the facility is secured when this completed form, payment, and final approval are received. You may reserve the facility for up to 5 hours. If your facility rental needs cancelled or postponed, a cancellation notice must be emailed to dcharchenko@cityoforting.org or left via phone message by calling (360) 893-9002 at least 72 hours prior to your event booking. If cancellation is less than 72 hours or no show occurs, refund of the rental fee will NOT be issued.

<b>Rental Fees:</b> Non-Profit – 501(c)(3): \$20.00 Residents: \$30.00	Non-Residents:	\$60.00	
Refundable Deposit: \$50.00			
Area Requested: BBQ Area Gazebo			
Date Requested:	Time:	to	(up to 5 hours)
Name of Applicant:			
Name Non-Profit:			
Physical Address:			
Mailing Address:			
Phone Number: ()Email:			
Approximate number of people expected to attend	d:		
Purpose of Event:			
Type of Decorations:			
To increase your enjoyment and to protect the park, rules I Ordinance 2016-982/Resolution 2016-17. Please familiariz arrangements for garbage removal, additional toilets, etc.	-	=	
*City Use O	nly*		
City of Orting Approval Initials: Check	ed ID for reside	ncy Initials:	
Rental Fee \$ Rental Deposit \$ T	otal \$	Receipt #	
Comments:			

## Following is a checklist relating to the special event; please answer the following questions:

Any open flame or cooking facilities that you will be providing?		YES NO
If yes, please explai	n:	-
Any electrical power	er requirement for the event you may need?	YES NO
If yes, please explai	n:	-
Any tents, canopies	or awnings that you will be providing?	YES NO
If yes, please explai	n:	-
Any trailers, motor	homes or pre-built structures to be used that you will be providing?	☐ YES ☐ NO
If yes, please indica	te location(s):	
Any compressed ga	s cylinders that you will be providing?	☐ YES ☐ NO
If yes, please explai	n:	-
Any additional port	able toilets that you will be providing?	YES NO
If yes, indicate amo	unt and location(s):	
Any dumpster with	a capacity of 1.5 cubic ft. or more that you will be providing?	YES NO
If yes, please explai	n:	-
Any public address	system to be used for loud music played that you will be providing?	YES NO
If yes, please explai	n:	-
Initials:	Permittee agrees to maintain access for emergency vehicles, as designated parking areas.	well as, park vehicles in
Initials:	Permittee agrees to defend, indemnify and save harmless the Ci and elective officers and employees, from and against all loss or not limited to judgments, settlements, attorney's fees and costs claims and demands upon the City of Orting, its elected or appoemployees for damages because of personal or bodily injury, incresulting therefrom, sustained by any person or persons and on property including loss of therefrom, arising out of any activity with this event, except only such injury as shall have been occas negligence of the City of Orting, its appointed or elected officers	expense, including but by reason of any and all inted officials or cluding death at any time account of damage to under or in connection ioned by the sole
nitials:	I understand that refund of the deposit will only be issued to the paid the deposit and facility rental fee. I understand that cancell hours prior to booking. If cancellation is less than 72 hours or no payment is still required.	lation must be made 72
Applicant Signat	ture: D	Date: