

**CITY OF WISCONSIN DELLS**  
**RESERVATION APPLICATION FOR USE OF**  
**COMMUNITY CENTER MULTI-PURPOSE ROOM**  
(Kilbourn Public Library - 620 ELM STREET)

Date(s) Requested: \_\_\_\_\_

Time Requested (Beginning & Ending Times): \_\_\_\_\_

Person or Group Name: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Mailing Address for Billing Purposes: \_\_\_\_\_

Contact and/or Responsible Person: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

Applicant's Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

**1<sup>st</sup> Preference Rate** (Wisconsin Dells based Non-Profit Organization per Rental Policy)

**Fee: \$25 for the first hour, \$5 each additional hour.**

**2<sup>nd</sup> Preference Rate** (Any other group provided no other comparable facility is available from the private sector)

**Fee: \$50 for the first hour, \$15 each additional hour.**

Special or Additional Requests: (Additional services may require additional fees.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Charge for Use of Facility (including any additional fees for special or additional requests as listed above):

\$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Application and  
Acknowledgement of Rental Policy Procedures and Fees

Date Approved: \_\_\_\_\_

Conditions (if any): \_\_\_\_\_

Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.