



## City of Port Orchard

City Clerk's Office

216 Prospect Street, Port Orchard, WA 98366

(360) 876-4407 • FAX (360) 895-9029 • cityhall@cityofportorchard.us

www.cityofportorchard.us

### City Hall Facility Use Application

(Port Orchard Municipal Code 2.74 and Resolution 003-19)

#### Organization Information

Name of Organization:					
Purpose of facility use: <input type="checkbox"/> Deposition <input type="checkbox"/> Town Hall <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Other: _____					
Contact:					
Street address:			Mailing address: (if different from street address)		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Alternate phone:		Email:		

#### Facility Use Information

Requested date(s) of use: _____ _____		Time: From _____ to _____ Time: From _____ to _____ <i>Please include setup and cleanup time</i>	
Indicate room you are requesting: <input type="checkbox"/> Council Chambers <input type="checkbox"/> Council Conference Room <input type="checkbox"/> Conference Room #306			Estimated attendance:
Will you need audio or visual aid? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes for use of wall monitors and sound system, rental of Council Chambers is required).			
If yes, check all applicable: <input type="checkbox"/> Use of Wall Monitors (TV screens) <input type="checkbox"/> Sound System			

#### RULES AND REGULATIONS FOR USE OF CITY HALL CONFERENCE FACILITIES

1. A completed application must accompany all City Hall use requests and must be submitted to the Port Orchard City Clerk's Office prior to the event date. Applicable fees and/or deposit must be made at the time of application.
2. Parking is limited to 2 or 4-hours on the streets around City Hall. Attendees may want to find alternate parking.
3. Use of the Municipal Courtroom is limited to judicial or quasi-judicial hearings.
4. City Council and Planning Commission meetings have priority if a scheduling conflict is experienced. If a scheduling conflict should arise, relocation will be attempted. If relocation is not workable, application fees and deposit will be refunded.
5. No regular, prescheduled, re-occurring reservations for any non-city group or organization will be allowed.

6. No keys will be given to non-City personnel. In the event a room is scheduled for use after normal business hours, **an after hour staffing charge of \$100 per hour may apply.** Regular business hours are M-F, 8am to 4:30pm.
7. City audio/visual equipment will only be operated by city authorized personnel.
8. The applicant must provide adequate supervision.
9. Food and beverages are not allowed in the Council Chambers. No alcoholic beverages are allowed on City property.
10. The misuse of facilities or non-conformance to rules and regulations may result in denial of future use.
11. **Per Resolution No. 003-19, the following fees are established for use of rooms within City Hall; Council Chambers is \$40 per hour, minimum of two hours; and Council Conference Room and Conference Room #306 are \$25 per hour, minimum of two hours.**

*The applicant agrees to abide by all rules and regulations for use of City of Port Orchard facilities; to exercise the utmost care in the use of City facilities; and to save the City of Port Orchard harmless from all liability resulting from the use of the City's facilities. The applicant further agrees to reimburse the City of Port Orchard for any damage arising from the applicant's use of City facilities.*

**The information on this form is considered a public record and is subject to public disclosure laws in Chapter 42.56 RCW.**

Signature: \_\_\_\_\_

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

**FOR CITY CLERK'S OFFICE USE ONLY**

Date Application received \_\_\_\_\_

Date Application approved \_\_\_\_\_

Date Application denied \_\_\_\_\_

Reason: \_\_\_\_\_

Use approved for:       **Conference Room #306**       **Council Conference**       **Council Chambers**

Is this event/meeting City sponsored with no fees to be collected, per POMC 2.74?       Yes       No

If yes, which staff, or Councilmember, is sponsoring: \_\_\_\_\_

Will this event/meeting utilize staff overtime?       Yes       No

If yes, indicate which staff member: \_\_\_\_\_

Payment made by:       Check       Credit Card       Other \_\_\_\_\_

Total fees: \_\_\_\_\_      Deposit Amount: \_\_\_\_\_      Receipt #: \_\_\_\_\_

Deposit Amount Refunded: \_\_\_\_\_

Date Deposit Refund Memo Sent to A/P: \_\_\_\_\_

GL Code: 001.00.362.41.00

Approved By: \_\_\_\_\_  
City Clerk or designee