



City of Huntington Beach
Community Services Department
2000 Main Street, Huntington Beach, CA 92648-2702
(714) 536-5486

Condition of Facility Agreement

Facility: _____ Date of Use: _____

Applicant's Name: _____

Applicant (or his/her representative, excluding caterers) agrees to return the facility in reasonable condition to be entitled to a full refund of deposit. If Applicant (or his/her representative, excluding caterers) is not present at scheduled opening and closing times, the decision by Community Services staff as to the condition of the facility and fees due or deposits forfeited is final. Applicant is to explain any discrepancies in the condition of the facility at closing time in writing on an attached page signed by them.

I understand that I am to arrive at the facility at _____ a.m./p.m. and I am to be out of the facility at _____ a.m./p.m. The premises are to be completely cleaned, including floors swept and wet mopped if needed (maintenance supplies provided) and all set ups taken down before leaving.

(Applicant should allow at least 60-90 minutes for cleanup.)

I have read the above: _____
SIGNATURE OF APPLICANT

The checklist on the reverse side is to prevent negligence by either the Community Services staff or the Applicant. It is a formal agreement of proper use and maintenance of the facility. This form **must** be completed for a security deposit refund.

Name of Person Checking In

Name of Person Checking Out

Condition of Facility Report

Clubhouses	PRIOR TO USE	AFTER USE
Facility in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, explain (be specific):		
Facility and Restrooms		
Floors	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty
Sinks/Counter	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty
If not clean, explain:		
Kitchen		
Floors	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty
Sinks/Counter	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty
Ovens	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty
If not clean, explain:		
Coffee Pot Present	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguisher Present	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lake Park BBQ/Picnic Area		
Grounds	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty
Sinks	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty
Grills	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty
Griddles	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty
Sinks/Counter Tops	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty
If not clean, explain:		
Grills used by Applicant (PLEASE CIRCLE)	 Grills	
All decorations removed		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash put in receptacle		<input type="checkbox"/> Yes <input type="checkbox"/> No
Time Applicant	Arrived a.m./p.m.	Departed a.m./p.m.
Refund Due		<input type="checkbox"/> Total <input type="checkbox"/> Partial
Facility checked by:		
Community Services Staff Signature		
	X	X
	Signature of Person Checking In	Signature of Person Checking Out