



City of Huntington Beach
Community & Library Service Department
1600 Palm Avenue
City Gym and Pool

CONDITION OF FACILITY REPORT

Facility _____ Room (s) _____

Patron's Name _____ Date _____

Patron/applicant or representative of the applicant (EXCLUDING CATERERS) agrees to return facility or reasonable condition in order to be entitled to full refund or deposits. If patron/applicant or representative of the applicant (EXCLUDING CATERERS) is not present at scheduled opening and closing times, the decision by Community & Library Services Staff as to the condition of the facility as possible fees due or deposits that will not be refunded is **final**. The patron must explain any discrepancies in the condition of the facility at the closing time in writing on an attached page signed by the patron.

A REFUND FOR THE DEPOSIT IN THE AMOUNT APPROVED BY THE RESPONSIBLE STAFF MEMBER WILL BE MAILED TO THE PATRON IN 4-6 WEEKS FROM THE DATE OF USE.

I hereby 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 (includes sweeping floors and wet mopping if needed – maintenance supplies provided) and all set ups taken down before leaving. The patron should allow at least 30-60 minuetts for cleanup.

I have read the above: _____
Signature of Applicant

The checklist on the reverse side is to insure there is not negligence by either party. It is a formal agreement of proper use and maintenance of the facility. This form must be completed for a cleaning and/or security deposit refund.

CONDITION OF FACILITY CHECK LIST

- | | |
|---|-----------------------|
| 1. Floors, walls, ceiling, and windows | Before_____After_____ |
| 2. Kitchen | Before_____After_____ |
| 3. Sinks/Counters | Before_____After_____ |
| 4. Chairs and tables returned to proper place | Before_____After_____ |
| 5. Fire extinguishers present | Yes_____No_____ |
| 6. Ovens and cook top | Yes_____No_____ |
| 7. Trash emptied into dumpster | Yes_____No_____ |
| 8. All decorations removed | Yes_____No_____ |

Staff Comments: _____

Patron Comments: _____

Facility Checked By:

Before Event

After Event

Community & Library Services Staff:

Community & Library Services Staff:

Patron/Applicant:

Patron/Applicant:
