



# Board Room Reservation Form

5490 Fifth Street  
Cottleville, Mo 63304

Ph: 636-498-6565  
Fax: 636-498-6575

Responsible Party Contact Name

Telephone Number

Group/Organization Name

Describe Usage of Board Room

Email Address

Approx. # of attendees

Event Date

\*Time event to BEGIN

\*Time event to END

I, the undersigned, accept full responsibility for the usage of the above named property for my group and/or organization. I will accept full responsibility for any damage to the indoor/outdoor facilities [to include structures, tables, benches, chairs, or fixtures]. As well as disposing of any and all trash my group should acquire. I understand my group/organization is expected to leave the Board Room clean and furniture placed as it was originally found.

X

Signature

Printed Name

Date

**\*NOTE: If you are a Cottleville Subdivision HOA, please update City Hall with current HOA Trustee contact information.**

FOR OFFICE USE ONLY

\*Proof of Residency is Required\*

APPROVED BY:

City Representative

Date of acceptance

\$ \_\_\_\_\_ Additional Clean-Up Charge

\$ \_\_\_\_\_ Additional fee for Damages

Comments: