

## CITY OF WILDWOOD COMMUNITY CENTER RENTAL PRE & POST USE CHECKLIST

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| <p><b>Event Date:</b> ____/____/____</p> <p><b>Amount Due Staff/Security Person On Site: \$</b> _____</p> <p><b>Time Scheduled for Event:</b> _____ am / pm to _____ am / pm</p> <p><b>Time Building Opened:</b> _____ am / pm<br/> <small style="margin-left: 150px;">Renter's Initials</small>      <small style="margin-left: 100px;">Security Initials</small></p> <p><b>Time Building Closed:</b> _____ am / pm<br/> <small style="margin-left: 150px;">Renter's Initials</small>      <small style="margin-left: 100px;">Security Initials</small></p> <p><b>Time Used In Excess of Time Scheduled:</b> _____ hrs. / mins.<br/>         (For each portion of an hour beyond time scheduled, you will be billed for a full hour. This amount will be deducted from your security deposit before it is returned to you.)</p> <p>Renter's Name: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip: _____</p> <p>Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____</p> <p>Work Phone: (____) _____ - _____ Ext. _____</p> <p>Fax Phone: (____) _____ - _____</p> | <p style="text-align: center;"><b>CUSTOMER REFUND INFORMATION:</b></p> <p><b>THIS SECTION FOR OFFICE USE ONLY:</b></p> <p><b>Date of Deposit:</b> ____/____/____      <b>Deposit Amount: \$</b> _____</p> <p style="text-align: right;"><b>Additional Time Rental Charge: \$</b> _____</p> <p style="text-align: right;"><b>Repair / Damage Charges: \$</b> _____</p> <p style="text-align: right;"><b>Additional Cleaning Charges: \$</b> _____</p> <p style="text-align: right;"><b>Total Amount to Be Refunded: \$</b> _____</p> <p><b>ACCOUNTS PAYABLE:</b></p> <p><b>Date Received:</b> ____/____/____      <b>By:</b> _____</p> <p><b>Deposit Refund: 001-218.0440</b>      <b>Rental Refund: 001-347.5300</b></p> <p><b>Ref #</b> _____      <b>Check Date:</b> _____</p> <p><b>Check Number:</b> _____</p> |
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**BEFORE - USE CHECK LIST (ALL CATEGORIES PERTAINING TO YOUR USE MUST BE MARKED)**

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| <p><b>MAIN ROOM:</b></p> <p>FLOOR / CARPET: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>HARD WALLS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>FOLDING PARTITION DOORS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>ENTRANCE DOORS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>WINDOWS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>CEILINGS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>WATER FOUNTAIN: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>PLANTS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>FLAGS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>TRASH CANS EMPTY: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><b>SERVICE AREA (IF USED):</b></p> <p>FLOOR: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>WALLS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>CEILING: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>DOORS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>COUNTERTOPS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>CABINETS &amp; DRAWERS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>STOVE: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>REFRIGERATOR: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>MICROWAVE OVEN: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>CABINETS &amp; DRAWERS EMPTY: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>STOVE EMPTY: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>MICROWAVE OVEN EMPTY: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>REFRIGERATOR EMPTY: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>FREEZER EMPTY: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>TRASH CANS EMPTY: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><b>TABLES &amp; CHAIRS:</b></p> <p>TABLE COUNT: _____ NO. OF TABLE DOLLIES: _____</p> <p>CHAIR COUNT: _____ NO. OF CHAIR DOLLIES: _____</p> <p>TABLES STACKED CORRECTLY: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>CHAIRS STACKED CORRECTLY: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>TABLES CLEAN: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>CHAIRS CLEAN: YES <input type="checkbox"/> NO <input type="checkbox"/></p> | <p><b>MEN'S RESTROOM:</b></p> <p>FLOOR: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>WALLS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>CEILING: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>STALL WALLS &amp; DOORS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>SINKS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>TOILETS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>URINALS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>TISSUE DISPENSERS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>TOWEL DISPENSER: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>SOAP DISPENSERS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>TRASH CANS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>TRASH CANS EMPTY: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><b>WOMEN'S RESTROOM:</b></p> <p>FLOOR: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>WALLS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>CEILING: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>STALL WALLS &amp; DOORS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>SINKS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>TOILETS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>TISSUE DISPENSERS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>SANITARY PRODUCT DISPOSALS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>TOWEL DISPENSER: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>SOAP DISPENSERS: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>TRASH CANS EMPTY: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><b>EXTERIOR OF BUILDING:</b></p> <p>EXTERIOR WALKWAY: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>TRASH CANS EMPTY: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>PARKING AREA USED: CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p>GRASS AREA (IF USED): CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DAMAGED <input type="checkbox"/></p> <p><b>OTHER:</b></p> |
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**COMMENTS/DESCRIPTION OF DAMAGES PRIOR TO USE:**

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| <p><b>RENTER'S BEFORE USE CHECK:</b> _____</p> <p style="text-align: center;"><small>Renter's Signature</small></p> <p><b>Date:</b> _____ <b>Time:</b> _____</p> | <p><b>SECURITY/STAFF BEFORE USE CHECK:</b> _____</p> <p style="text-align: center;"><small>Security / Staff Person Signature</small></p> <p><b>Date:</b> _____ <b>Time:</b> _____</p> |
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**AFTER - USE CHECK LIST**

(ALL CATEGORIES PERTAINING TO YOUR USE MUST BE MARKED)

**MAIN ROOM:**

- FLOOR / CARPET: CLEAN  DIRTY  DAMAGED
- HARD WALLS: CLEAN  DIRTY  DAMAGED
- FOLDING PARTITION DOORS: CLEAN  DIRTY  DAMAGED
- ENTRANCE DOORS: CLEAN  DIRTY  DAMAGED
- WINDOWS: CLEAN  DIRTY  DAMAGED
- CEILINGS: CLEAN  DIRTY  DAMAGED
- WATER FOUNTAIN: CLEAN  DIRTY  DAMAGED
- PLANTS: CLEAN  DIRTY  DAMAGED
- FLAGS: CLEAN  DIRTY  DAMAGED
- TRASH CANS EMPTY: YES  NO

**SERVICE AREA (IF USED):**

- FLOOR: CLEAN  DIRTY  DAMAGED
- WALLS: CLEAN  DIRTY  DAMAGED
- CEILING: CLEAN  DIRTY  DAMAGED
- DOORS: CLEAN  DIRTY  DAMAGED
- COUNTERTOPS: CLEAN  DIRTY  DAMAGED
- CABINETS & DRAWERS: CLEAN  DIRTY  DAMAGED
- STOVE: CLEAN  DIRTY  DAMAGED
- REFRIGERATOR: CLEAN  DIRTY  DAMAGED
- MICROWAVE OVEN: CLEAN  DIRTY  DAMAGED

- CABINETS & DRAWERS EMPTY: YES  NO
- STOVE EMPTY: YES  NO
- MICROWAVE OVEN EMPTY: YES  NO
- REFRIGERATOR EMPTY: YES  NO
- FREEZER EMPTY: YES  NO
- TRASH CANS EMPTY: YES  NO

**TABLES & CHAIRS:**

TABLE COUNT: \_\_\_\_\_ NO. OF TABLE DOLLIES: \_\_\_\_\_

CHAIR COUNT: \_\_\_\_\_ NO. OF CHAIR DOLLIES: \_\_\_\_\_

- TABLES STACKED CORRECTLY: YES  NO
- CHAIRS STACKED CORRECTLY: YES  NO
- TABLES CLEAN: YES  NO
- CHAIRS CLEAN: YES  NO

**MEN'S RESTROOM:**

- FLOOR: CLEAN  DIRTY  DAMAGED
- WALLS: CLEAN  DIRTY  DAMAGED
- CEILING: CLEAN  DIRTY  DAMAGED
- STALL WALLS & DOORS: CLEAN  DIRTY  DAMAGED
- SINKS: CLEAN  DIRTY  DAMAGED
- TOILETS: CLEAN  DIRTY  DAMAGED
- URINALS: CLEAN  DIRTY  DAMAGED
- TISSUE DISPENSERS: CLEAN  DIRTY  DAMAGED
- TOWEL DISPENSER: CLEAN  DIRTY  DAMAGED
- SOAP DISPENSERS: CLEAN  DIRTY  DAMAGED
- TRASH CANS: CLEAN  DIRTY  DAMAGED
- TRASH CANS EMPTY: YES  NO

**WOMEN'S RESTROOM:**

- FLOOR: CLEAN  DIRTY  DAMAGED
- WALLS: CLEAN  DIRTY  DAMAGED
- CEILING: CLEAN  DIRTY  DAMAGED
- STALL WALLS & DOORS: CLEAN  DIRTY  DAMAGED
- SINKS: CLEAN  DIRTY  DAMAGED
- TOILETS: CLEAN  DIRTY  DAMAGED
- TISSUE DISPENSERS: CLEAN  DIRTY  DAMAGED
- SANITARY PRODUCT DISPOSALS: CLEAN  DIRTY  DAMAGED
- TOWEL DISPENSER: CLEAN  DIRTY  DAMAGED
- SOAP DISPENSERS: CLEAN  DIRTY  DAMAGED
- TRASH CANS EMPTY: YES  NO

**EXTERIOR OF BUILDING:**

- EXTERIOR WALKWAY: CLEAN  DIRTY  DAMAGED
- TRASH CANS EMPTY: YES  NO
- PARKING AREA USED: CLEAN  DIRTY  DAMAGED
- GRASS AREA (IF USED): CLEAN  DIRTY  DAMAGED

**OTHER:**

**RENTER'S AFTER USE CHECK:**

Signature \_\_\_\_\_

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

**SECURITY/STAFF AFTER USE CHECK:**

Signature \_\_\_\_\_

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

**AFTER USE COMMENTS (IF ANY):**

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Type of Function: \_\_\_\_\_

Number of People Expected: \_\_\_\_\_

Will Alcohol Be Served?  Yes  No

(Food) Service Area to be used:  Yes  No

Will There Be Outside Cooking (i.e. BBQ, grilling, etc.)?  Yes  No

Will Event Be Catered?  Yes  No Name of Caterer: \_\_\_\_\_ Caterer's Phone Number: \_\_\_\_\_

Type of Seating to be Used:  Chairs Only  Tables & Chairs

Will Event Be Advertised?  Yes  No How? \_\_\_\_\_

Will Tickets Be Sold In Advance?  Yes  No At the Door?  Yes  No *(If at the door, renter must control the number of people admitted to stay within fire code occupancy capacity based on seating type used.)*

Will There Be A:  Band /  DJ /  Sound System /  None

Number of People Under the Age of 18 Attending: \_\_\_\_\_

Will There Be A Cash Bar?  Yes  No

Food Service Area Assigned:  North  South  North & South  2<sup>nd</sup> Floor

Method of Cooking: \_\_\_\_\_