

**MEETING ROOM APPLICATION AND AGREEMENT**  
**Fremont County Administration Building / Garden Park Building**  
**615 Macon Avenue, Canon City, CO. 81212**

Name of Group: \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone(s): \_\_\_\_\_

Requested Meeting Date: \_\_\_\_\_ Time: start \_\_\_\_\_ end \_\_\_\_\_

Number of People Attending (estimate) \_\_\_\_\_

Building Requested: \_\_\_\_\_

Room Requested: \_\_\_\_\_

Will Refreshments Be Served? \_\_\_\_\_

Special Arrangements Requested (seating, tables, etc.): \_\_\_\_\_  
\_\_\_\_\_

As Responsible Party, I agree to abide by the Policy for use of Fremont County Administration Building / Garden Park Building in effect on this date. In accordance with the Policy, I understand that I may be responsible for cleaning or repair of facilities necessitated by my group's activities, and a \$150 deposit is required at the time of scheduling. This one-time payment will be refunded if no additional cleaning is required after the meeting. Meetings that extend past 5:00 p.m. shall be subject to a fee of \$40 per hour for each hour or partial hour of use.

(Signed) \_\_\_\_\_

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**OFFICIAL USE ONLY, TO BE FILLED OUT BY:**  
**COUNTY MANAGER'S OFFICE**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ INITIALS: \_\_\_\_\_

If approved specific dates approved (if more than one date, 3 months max) \_\_\_\_\_  
\_\_\_\_\_

Building \_\_\_\_\_ Room # \_\_\_\_\_

\$150 Cleaning Deposit (if required) \_\_\_\_\_

Security Arrangements:

\_\_\_\_\_ None Required

\_\_\_\_\_ Specific Security Required: \_\_\_\_\_  
\_\_\_\_\_