

CITY COUNCIL CHAMBER USE



APPLICATION

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|---|
| Date of Requested Use: _____ |
| Setup: _____ a.m./p.m. to _____ a.m./p.m. |
| Event hours: _____ a.m./p.m. to _____ a.m./p.m. |
| Takedown: _____ a.m./p.m. to _____ a.m./p.m. |

Name of Applicant: _____ Representing: _____
(Organization)

Address: _____

Phone #: _____ Fax #: _____ Email: _____

Purpose of this use: _____

Anticipated maximum attendance: _____

Special requests: _____

| | | |
|--|------------------------|------------------------|
| Equipment requests: (Please check all applicable) | Amplified sound _____ | Video recording* _____ |
| | Video projection _____ | Live cablecast* _____ |

*City technician required

Applicable costs (payable in advance):

Video technician (# of hours x \$45/hour) \$ _____

Original video tape (\$41/tape) \$ _____

TOTAL (submit with application) \$ _____

Applicant may be charged for additional City staff cleanup, as needed.

Name of City staff contact for co-sponsored events: _____ Phone #: _____

Any change, alteration, or modification of intended use must be approved by the City Clerk. Change can result in cancellation of use or change in use requirements.

The applicant agrees to defend without costs, indemnify, and hold harmless the City, its officers, agents, and employees from any liability to any persons, damages, losses, or injuries arising out of or alleged to arise out of the permitted activity, which was proximately caused by the actions of the applicant, its officers, employees, agents, including monitors, or any other persons attending or joining in the activity who were, or reasonably should have been under the control of the applicant. Persons who merely attend or join in the activity or other event are not considered by that reason alone to be "under the control" of the applicant.

I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damage/loss sustained by the grounds, building, furniture or equipment or unusual clean up occurring through the occupancy of said facilities by the applicant.

Applicant signature: _____ Date: _____

City department head signature: _____ Date: _____
(if co-sponsored)

Note: This application must be returned to the City Clerk, City of Union City, 34009 Alvarado Niles Road, Union City, CA 94587, at least **fifteen (15) working days** prior to the requested date of use.

City of Union City Use Only—Do Not Write Below This Line

| | |
|--|----------------------------------|
| Date application received: _____ | |
| Approved/disapproved by: _____ | Date: _____ Notice mailed: _____ |
| Request reviewed and scheduled by: _____ | Title: _____ Date: _____ |
| Technician scheduled: _____ | Date: _____ |
| Cable scheduled: _____ | Date: _____ |
| Building access arranged: _____ | Date: _____ |
| Room set up arranged: _____ | Date: _____ |