USER AGREEMENT North Sewickley Township

893 Mercer Road – Beaver Falls, PA 15010 Phone – 724-843-5826

This Agreement, entered into this Beaver County, Pennsylvania (hereinaft			by and between The Township of North Sewickley,
	(Us	er -Must be at least 18 year	s of age with photo ID and NST address is required for rental)
WHEREAS, the Township maintains offi and	ces, meeting and so	cial function facilitie	s located at 893 Mercer Road, Beaver Falls PA 15010;
WHEREAS, the lower level of the Towns	ship's facility is not h	nandicapped access	i ble ; and
WHEREAS, User acknowledges the auth	orized rental hours	are between 8:00 a.	m. to 10:00 p.m. only.
WHEREAS, User wishes to use said facil	ity for a meeting or	social function; and	
WHEREAS, User has been advised that the lower level of the Township Building is not handicapped accessible; and			
tables, chairs, etc. The area is to be left	in same condition it	t is found. This inclu	is responsible for all cleaning and replacement of all des bagging all garbage and placing all bags in ip and may be found in the kitchen area.
NOW, THEREFORE, it is agreed by and b	between the parties	as follows:	
1. User is hereby given permission to use the indicated Township facility on: Date(s) Time			
2. The facility is to be used for:			
or alarm will go off, alerting the townsh doors are still locked 5 minutes after the	hip police. Police nor e "DOOR UNLOCK TI	n-emergency phone IME" time, please ca	please be out of building before "DOOR LOCK TIME" number is 724-843-8118. If for some reason, the II the non-emergency number and the police will syou want the doors unlocked for your event and
DOOR UNLOCK TIME:		DOOR LOCK TIM	E:
3. User shall be responsible to advise al Township Building is <i>not handicapped</i> of	-	the function to be h	eld at a Township facility that the lower level of the
4. In the event handicapped persons will be attending the function to be held by User , then in that event User shall make such accommodations as it may be necessary and is liable for the safety of the handicapped person.			
5. NO alcoholic beverages or smoking is	s permitted in the To	ownship Building.	
6. User is responsible for all cleaning arthat it is found. This Agreement, entered			the facility. The area is to be left in the same state
USER NAME:		DATE:	<u>-</u>
USER ADDRESS:			
			