

# TOWN OF SMITHFIELD

## BUILDING USE AGREEMENT

926 VILLAGE ROAD  
SMITHFIELD, MAINE 04978  
PHONE: (207) 362-4772 FAX: (207) 362-5650  
EMAIL: [townoffice@smithfieldmaine.us](mailto:townoffice@smithfieldmaine.us)  
WEBSITE: [www.smithfieldmaine.us](http://www.smithfieldmaine.us)

Individual/Group/Organization Name: \_\_\_\_\_

Number of persons expected: \_\_\_\_\_ Event: \_\_\_\_\_

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

Name of Responsible Party: \_\_\_\_\_  
(\*This person MUST be ON-SITE during use)

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Damage Deposit of \$100.00 MUST be paid at the time of signing. Check #: \_\_\_\_\_

**(At Selectmen's Discretion)**

Received: \_\_\_\_\_

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

Fire Station \_\_\_\_\_

Training Room \_\_\_\_\_

Kitchen \_\_\_\_\_

Equipment/Furniture Requested:

Tables: (how many) \_\_\_\_\_

Chairs: (how many) \_\_\_\_\_

This agreement between the Town of Smithfield and the "Responsible Party" for the use of the facility at 926 Village Road, Smithfield, Maine . We the aforementioned do hereby agree to the following regulation set forth by the Board of Selectmen. These regulations are to be followed to assure the refund of responsible party's deposit.

1. No Smoking in any part of the building.
2. No Alcohol on any part of the property.
3. Entry to the office areas is prohibited.
4. The responsible party must clean area used which would include trash and sweeping. If using the kitchen, you would need to do the above and wipe down counter areas and mop floor.
5. Please tell your invited guests NO PETS are allowed in the building during rentals.

The following is not to be construed as a lease agreement. The Town of Smithfield Board of Selectmen reserve the right to cancel the organization/ renters use of the facility at any time without prior notice. I have read this agreement and agree to its terms.

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

Municipal Officers Signature:

\_\_\_\_\_  
Richard A. Moore, 1<sup>st</sup> Selectmen

\_\_\_\_\_  
Molly Chapman, 2<sup>nd</sup> Selectmen

\_\_\_\_\_  
Justin S. Furbush, 3<sup>rd</sup> Selectmen

Responsible Party (Renter's) Signature:

\_\_\_\_\_

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(Office use)

Deposit Returned to Responsible (Renter) Party:

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

Signature: \_\_\_\_\_