



301 East Main Street
Lowell, Michigan 49331
Phone: (616) 897-8457
Fax: (616) 897-4085

CREEKSIDE PARK PAVILION DEPOSIT FORM

CITY RESIDENT: _____

ADDRESS: _____

PHONE: _____

OCCASION: _____

OF PEOPLE _____

DATE OF USE: _____

TIME OF USAGE: _____
(MAXIMUM FOUR HOUR LIMIT)

MAILING ADDRESS: _____

The undersigned hereby certifies for and on behalf of the Applicant that it will indemnify and hold the City harmless from and against any and all claims, lawsuits, causes of actions or other liability arising from or as a result of the event for which this application is being made and further it will pay all costs of the City in connection with the City's defense of all such claims, lawsuits, causes of action or other liability, including the City's attorneys' fees.

The above applicant shall provide a deposit of **\$150.00** for use of the pavilion of which **\$50.00** will be returned to the applicant if the pavilion is left in satisfactory condition. Any costs incurred by the City as a result of the event shall be deducted from the deposit.

Signature

Date

MDE06

Park checked _____

by _____

Check issued _____