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1022 Hospital Road • P.O. Box 220 • Schurz, Nevada 89427

Telephone: (775) 773-2306 Fax: (775) 773-2585

### **FACILITY RENTAL AGREEMENT**

Initial	1.	ALL fees will be paid prior to the event payable to the Walker River Paiute Tribal Finance Office.
Initial	2.	Receipt must be attached with completed application before a key is given.
Initial	3.	Renter is responsible for picking up Community Center key and returning the key the next business day.
Initial	4.	If Renter has an outstanding balance with the Walker River Paiute Tribe Community Water & Sewer Department without a current Payback Agreement, Renter cannot rent any Tribal facilities, including but not limited to the pool, conference room, gym, and community center.
Initial	5.	A final inspection of facility will be completed — if no problems are found during the inspection, a check will be processed for the deposit to be refunded. However, if any damage occurs to the Facility, or if any repairs or replacements need to be made to the Facility as a result of Renter's use of the facility, Renter shall pay for any such damage, repairs, or replacements upon demand by the Tribe, as well as termination from further rental.
Initial	6.	Absolutely NO nails or staples are to be used on the walls.
Initial	7.	ANY TRIBAL EVENT OR FUNERAL WILL TAKE PRECEDENT.
Initial	8.	THE FACILITY AND AREAS AROUND IT ARE ALCOHOL AND DRUG FREE ZONES.
Initial	9.	Cleaning supplies will be provided for renter's use, if all supplies are not accounted for renter will not receive deposit back.
Initial	10.	All areas must be cleaned, swept, and mopped. All trash must be emptied in the trash cans outside. If you are utilizing the kitchen, the sink must be cleaned, pots & pans cleaned, ovens cleaned, refrigerator cleaned & emptied, counter tops wiped, cleaned & disinfected, trash emptied in the trash cans outside, and floor swept & mopped. Restrooms mopped, trash emptied and lights turned off. Any and all problems or issues must be reported ASAP to the Tribe.



#### **FACILITY RENTAL AGREEMENT**

Name;		Progra	m:	Date:	
Mailing Address	- copt line, - i	City:	State:	Zip:	
Telephone #:	\$ 1 2 1 2 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4	Alternative phone #:			
Facility Requesti	ng: <i>(\$25 Rental Fee per</i>	day) Plus (\$2	?5 Deposit)		
☐ Community	Center   Administration	n Conferenc	e Room		
Event Date:		Start Tim	e:	End Time:	
Event Descriptio	n:				
Event Profit Gen	erated? YES or	NO			
*The above faci Drugs within alcohol cont	lities are Alcohol and Drug the facilities or areas, they ainers or drug related item	will be prose as are found o	cuted per Law a on premises perso	nd Order Code. If any on's name on rental	
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#### **CHECK-IN INSPECTION**

Kitchen			Garbage Cans			
Clean	Yes	No	Trash emptied	Yes No		
Sinks cleaned	Yes	No	Comment:			
Floor swept & moped	Yes	No				
Comment:	4 (11)					
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Restrooms	. ०० विभवति । १ ० १ अविते विक्रिय	er c	Floor			
Ladies Clean trash picked up	Yes	No	Swept & clean	Yes No		
Men Clean trash picked up	Yes	No				
Comment:			Comment:			
Walk-Ins						
Clean	Yes	No				
Comment:						
Misc. Comments:	i sa esta participa de la compansa d	The state of the s				
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Les	see Signa	ture		Date		
Triba	Represer	itative		Date		



### **CHECK-OUT INSPECTION**

Kitchen	-		Garbage Cans	<u> </u>		
Clean	Yes	No	Trash emptied	Yes No		
Sink cleaned	Yes	No	Comment:	1.00		
Floor swept & moped	Yes	No				
Comment:						
Restrooms			Floor			
Ladies Clean trash picked up	Yes	No	Swept & clean Yes			
Men Clean trash picked up	Yes	No		Yes No		
Comment:			Comment:			
Walk-In	स्त्राच्याच्या कर कार्याच्या व्याप्ति स्त्री	de designa				
Clean	Yes		100			
Comment:		1.00		<sup>3</sup> 4		
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Le	ssee Signa	ture		Date		
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Triba	l Represer	ntative		Date		
	Tribal Representative					