

**BOROUGH OF CARNEGIE**  
One Veterans Way / Carnegie, PA 15106  
www.carnegieborough.com

Office 412-276-1414

Fax 412-276-8018

**Applicant Information**

Name of Applicant (Organization) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Driver's License I.D. \_\_\_\_\_

Rental Date \_\_\_\_\_

# of Expected Individuals \_\_\_\_\_

Purpose for Rental \_\_\_\_\_

**Rental Fee: \$100      \*Deposit Fee: \$100**

\*Upon payment for Council Chamber rentals, a **\$100 deposit** is required in addition to the \$100 rental fee. The applicant will receive this deposit back based upon returning the room to the original condition as it was at the time of arrival.

**Borough Staff Only**

Date Received \_\_\_\_\_ Received By \_\_\_\_\_ Check / M.O. # \_\_\_\_\_

**Signature of Applicant**

The Undersigned hereby makes application for the use of the Council Chambers or Conference Room and agrees to abide by the rules and regulations in effect:

To lease the room in good, proper condition and to report any damage done during the use of the facilities to Borough Administration within 24 hours after departure. The applicant further agrees to hold the Borough of Carnegie harmless from liability of any nature. I further understand that any expenses to the municipality related to damage of the facilities during my use will subject me to fines and penalties.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Municipal Approval**

Borough Official \_\_\_\_\_ Date \_\_\_\_\_