CITY OF TALENT

110 E. MAIN STREET PO BOX 445. TALENT, OR 97501

Main (541)535-1566 FAX (541)535-7423 Email: finance@cityoftalent.org

Contact Phone:

Name of Renter:

Date of Use:	to	Event Time:	to	
COMMUNITY CENTER INSPECTION CHECK LIST				
Clean-up must be completed prior to the end time stated in the rental agreement.				
It is the City's intent that all users have a pleasurable event. When your <u>event is over</u> , <u>please use this checklist</u> to ensure that all items listed are in the same condition as found. Cleaning deposits will only be refunded after the City has inspected and approved the rooms condition. <u>Please return everything the way you found it.</u>				
IF BUILDING IS LEFT UN			<u>u.</u>	City Use Below: City Inspection
Tables and chairs, v	vipe off and put back	into storage closets.		
All outside table & o	chairs put back as ori	ginally set-up.		
Floor - Sweep and	mop with the cleaner	and water in janitor's clo	set.	
Restrooms – clean	all 3.			
Kitchen – clean all.				
Oven, stovetop bur	ners and griddle– Ma	ke sure they are turned C	OFF.	
Food – Remove all	from refrigerator.			
Trash - Empty and	place in the locked du	ımpster.		
Recyclables - Pleas	e put into correct con	tainers in the lock dumps	ter area.	
Lights - Please mak switches.	xe sure they are all tur	ned OFF. Use light contr	ol, not	
Doors – Please mak	xe sure that they are a	ll closed.		
Passed inspection	Yes	No		
Specific reason(s) for not p	passing inspection with	h additional notes as to w	hy:	
Access key- MUST be retu drop box located in front of		nediately. If after hours, p	place <u>Access</u> <u>K</u>	ey in white utility
Inspection completed by _		Date:	Time: _	

In compliance with the Americans with Disabilities Act, if you need special assistance, please contact TTY phone number 1-800-735-2900 for English and for Spanish please contact TTY phone number 1-800-735-3896.