

Date of Application \_\_\_\_\_

**BOROUGH OF JEFFERSON HILLS**

925 Old Clairton Road

Jefferson Hills PA 15025

**APPLICATION FOR BOROUGH OF JEFFERSON HILLS ADMINISTRATION AND COMMUNITY CENTER**



Day & Date Requested \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Resident Yes \_\_\_\_\_ No \_\_\_\_\_

Email address \_\_\_\_\_

Name of Organization/Business \_\_\_\_\_ Phone No. \_\_\_\_\_

Purpose of Request \_\_\_\_\_

Room Requested \_\_\_\_\_

Estimated No. in Attendance \_\_\_\_\_

Will Alcoholic beverages be served? \_\_\_\_\_ (Glass bottles are **NOT PERMITTED**)

Time arriving for set-up \_\_\_\_\_ Time Departing premises \_\_\_\_\_

**(DEADLINE IS MIDNIGHT)**

The Rental Fee is required by check or money order payable to Borough of Jefferson Hills and must accompany this application. Credit cards not accepted. Completed application and rental fee received thereafter are subject to additional rate increases.

**RENTAL FEES**

Community Room A (4 Hour Block)	\$ 50.00
Community Room B (4 Hour Block)	\$ 50.00
Both Community Rooms (4 Hour Block)	\$ 90.00
Family Room A (4 Hour Block)	\$ 20.00
Family Room B (4 Hour Block)	\$ 20.00
Rental of 2 <sup>nd</sup> Floor of Administration Building	\$130.00

I have read the above and acknowledge receipt of the Rules and Regulations outlined in Code Chapter 16, as amended and Code Fee Resolution as amended, do hereby affix my signature that I will abide by same.

**ENTIRE AMOUNT WILL BE FORFEITED UPON CANCELLATION**

\_\_\_\_\_  
Applicant's Signature

**Borough Use Only**

Date Application Received by Borough \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check #, MO # or Cash \_\_\_\_\_

\_\_\_\_\_  
Borough Manager