



PLATTSBURGH HOUSING AUTHORITY

4817 S. Catherine Street • Plattsburgh • NY • 12901-3778 • 518-561-0720 • fax: 518-561-1769 • www.phaplattsburgh.com

Use of Facility Application

Name of Resident _____

Date _____ Hours _____

Purpose _____

Facility Requested: ___ 57 McGaulley Avenue ___ Lake View Towers

___ Robert S. Long ___ Russell Barnard ___ Hortense Sterns

Rules and Regulations on Use of Facilities

1. The use of the community room space is permitted only by approval of this application and only during the dates and times reserved.
2. Only the room requested is to be used and no other parts of the building.
3. NO alcoholic beverages (beer, hard liquor, wine, etc.) may be used in the community rooms.
4. No alterations are to be made to the community room.
5. All rooms are to be left clean. Windows need to be closed, tables and chairs cleaned, floors swept, and garbage removed. (If kitchens are used, the refrigerator, stove, sink, and counter tops should be cleaned.)
6. If the room requires additional cleaning, trash removal, or repairs after use, the resident will be charged for any labor or disposal fees.
7. Children are to be supervised at all times.
8. All non-residents vehicles must be parked on the street. The parking lots are for Plattsburgh Housing Authority residents only.
9. Residents of the building are allowed to enter and use the room at all times when the room is signed out for resident use. A private use sign will only be posted when Management so designates.
10. Keys are to be returned to the main office the next business day following the use of the room. For every day the key is not returned a \$3 fine will be placed on the resident's account.
11. Rent must be current in order for the room to be used!

Other terms _____

I have read and agree to the above rules and regulations. I agree to reimburse the Plattsburgh Housing Authority for any damage or loss through any non-observance engaged in by myself or guests, which may be incurred through the granting of this application. I understand that any violation will result in the denial of future requests for the use of the community rooms.

I will not discriminate because of race, color, sex, religion, disability, handicap or national origin in the use of the facility.

Signature _____ Date _____

Address _____ Telephone _____

Approved _____ Date _____