**COMMUNITY ROOM POLICY**

**The Community Room must be reserved a minimum of 48 hours in advance.** The hours of availability are Sunday – Saturday: 6:00am to 10:00pm.

**Residents:** A damage deposit of $100 is required for residents. This deposit refundable if no additional cleaning or repairs are needed after rental. There is no additional rental fee for residents.  **Cancellations**: Failure to give management a minimum of 24 hours’ notice of reservation cancellation will result in a $25.00 fee being charged against the security deposit. Failure to give any notice of cancellation will result in a forfeiture of the full $100 deposit.

**Non-Residents:** A $100 rental fee is required, Also, a damage deposit of $100 is required. This deposit refundable if no additional cleaning or repairs are needed after rental.  **Cancellations**: Failure to give management a minimum of 24 hours’ notice of reservation cancellation will result in a $50.00 fee being charged against the security deposit. Failure to give any notice will result in a forfeiture of the full $100 deposit and the rental fee.

The Resident Manager will post the reservation date and times on the Community Room door so other residents can plan accordingly.

The Community Room must be cleaned within an hour after use (unless other arrangements have been made). Resident Manager will inspect the Community Room, lock it up after private use, and return the inspection sheet to Dakota Commercial.  **Failure to be present during your Scheduled check-in/check- out time will result in forfeiting the Deposit.** Management shall have the responsibility for determining whether damages have been caused and whether satisfactory janitorial work has been completed by the resident/user.

**NO SMOKING** will be allowed in the Community Room or on the balcony outside of the Community Room at any time.

Resident/User is responsible for the conduct of persons attending the activity.

All equipment, furniture, tables, chairs, etc. contained within the Community Room shall remain inside the building and shall not be removed for any reason. All furniture must be returned to their original position.

If there are any maintenance issues during the use of the Community Room, the individual who leased the room should call the After-Hours Emergency Maintenance Line at 218-791-9939.

**Cleaning charges if inspection is not acceptable:**

$15 – Vacuum/sweep

$15 – Pick up debris

$50 – Clean kitchen

$50 – Clean upholstery

Date of use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident/Renter Signature Management Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident/Renter Printed Name and Phone Number

Community Room reserved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property: \_\_\_\_\_\_\_\_ Apt. #: \_\_\_\_\_\_\_\_

Date of use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checkout Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Management Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit Received $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cleaning Charges (if any):**

\_\_\_\_\_ Vacuumed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Orderly $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Kitchen Clean $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Furniture Placement $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Floor Clean Under Furniture $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Clean Under Cushions/Pillows $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refund Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Returned Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_