

**TOWN OF BELVILLE**  
**497 Olde Waterford Way, Suite 205**  
**Belville, NC 28451**  
**Phone: 910-371-2456/Fax: 910-371-2474**

Request # \_\_\_\_\_

**TOWN OF BELVILLE TOWN HALL FACILITY USE FORM**

**Commissioners' Chambers**

The primary purpose of the Commissioners' Chambers are for the meetings scheduled and unscheduled, of the Town of Belville Board of Commissioners, board, committee or commission of the town, all other departmental functions of the town and other outside governmental agencies as approved by the Town Clerk. The right is reserved to utilize the room at any time by the Town of Belville Board of Commissioners, staff or any other board or commission of the town. This authority supersedes all other reservations.

I, \_\_\_\_\_, representing \_\_\_\_\_,  
Name Organization

would like to reserve the Town of Belville Commissioners' Chambers on \_\_\_\_\_  
Date

\_\_\_\_\_

Time	Duration
------	----------

I understand that the representative of the agency as identified herein will be responsible for making all persons associated with the agency fully aware of the policies as described in the Town of Belville Town Hall Facilities Use Policies. I understand that the agency's right to use the facility may be discontinued at any time without notice if the policies are violated. I understand that the agency reserving the chambers will be charged a \$50 deposit per event and, if determined to be a reoccurring event, a one-time annual deposit in the amount of \$50. I understand that the \$50 deposit may be revoked if the facility is not found in order immediately following the scheduled event. I understand that the agency will be required to pay \$50 per day for use of the facility. I understand that for cancellations, full refund of rental fee and deposit will be made. I understand and agree to adhere to the policies as described in the attached Town of Belville Town Hall Facilities Use Policies.

Questions or comments – call Athina Williams, Town Clerk or Beth Parker, Administrative Support Assistant at (910) 371-2456.

Town Clerk's Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Address: \_\_\_\_\_  
\_\_\_\_\_

Representative's Contact Number: \_\_\_\_\_ Number of People Attending Event: \_\_\_\_\_  
(Cell phone is preferred.)

Driver's License #: \_\_\_\_\_  
(A copy of a photo ID is required.)