



CITY OF DuPONT
1700 Civic Drive
DuPONT, WA 98327
253-912-5381

**Application for the Use of:
Civic Center
1700 Civic Drive
DuPont, WA 98327**

Applicant Name _____ Phone Number _____

Address _____ City/State/Zip _____

Function/Activity *(be specific)* _____

Date of Use _____ Hours of Use _____ # of Guests _____

of Tables _____ # of Chairs _____ Email _____

Contact Person _____ Phone _____

I have read the DuPont Community Center Facility Use/ Reservation Policies and agree to and will abide by all policies regulating the use of the DuPont Civic Center.

Applicant's Signature

Date

For Office Use Only:

Facility Attendant Fee (if applicable) \$ _____ Assigned Facility Attendant: _____

Deposit Amount \$ _____ Check # _____ Receipt # _____

Rental Fee Paid \$ _____ Check # _____ Receipt # _____

_____ Facility Satisfactory _____ Unsatisfactory

Deposit Refund Amount \$ _____ Key Deposit Refund: Yes _____ No: _____

Comments: _____

Inspected by _____ Date _____ Approved By _____

Any questions concerning deposit refund please contact Public Works at the above number. Please allow three to four weeks for reimbursement, pending inspection of the facility.