



# Building Rental Check List for Deposit Return

Event date: \_\_\_\_\_  
dd/mm/yr

Lessee Name: \_\_\_\_\_

Actual Time In: \_\_\_\_\_

Actual Time Out: \_\_\_\_\_

## MULTIPURPOSE ROOM (CITY HALL)

- \_\_\_\_\_ Tables & chairs checked for damage
- \_\_\_\_\_ Table & chairs put away - wiped down if food/drink spilled
- \_\_\_\_\_ Room clear of debris and personal belongings
- \_\_\_\_\_ Personal belongings removed from building and serving area
- \_\_\_\_\_ Floor checked for damage/stains
- \_\_\_\_\_ Room swept/spills wiped up
- \_\_\_\_\_ Windows checked for damage/cleaned if soiled
- \_\_\_\_\_ Panes
- \_\_\_\_\_ Shutters
- \_\_\_\_\_ Walls checked for damage
- \_\_\_\_\_ Pushpin holes, tape residue, etc.
- \_\_\_\_\_ Outlets and switches
- \_\_\_\_\_ A/V Shelving checked for damages
- \_\_\_\_\_ Doors and handles free of damage
- \_\_\_\_\_ Chair Count Verified
- \_\_\_\_\_ Table Count Verified
- \_\_\_\_\_ Garbage cans emptied and bags replaced
- \_\_\_\_\_ Ceiling clear of debris and undamaged
- \_\_\_\_\_ City issued A/V supplies placed on shelf  
(audio cords/microphone, etc.)

## SERVING AREA

- \_\_\_\_\_ Kitchen sink cleaned
- \_\_\_\_\_ Kitchen counters cleaned
- \_\_\_\_\_ Kitchen floor swept & spills wiped up
- \_\_\_\_\_ STOVES & OVENS **TURNED OFF** and cleaned
- \_\_\_\_\_ Outlets and switches wiped
- \_\_\_\_\_ Garbage taken out and bags replaced
- \_\_\_\_\_ \*Garbage receptacle is located in the north corner of the upper parking lot
- \_\_\_\_\_ Fridges wiped down

## MISCELLANEOUS

- \_\_\_\_\_ Restrooms cleaned
- \_\_\_\_\_ Restrooms floors swept
- \_\_\_\_\_ Restroom garbages emptied
- \_\_\_\_\_ Halls checked for debris
- \_\_\_\_\_ Halls swept
- \_\_\_\_\_ Overall check for damage (explain in notes)
- \_\_\_\_\_ Parking lot free of debris
- \_\_\_\_\_ Lights turned off
- \_\_\_\_\_ **Doors locked and secured (check the entrance doors (east) to ensure they are latched (push on them from inside))**

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lessee Signature: \_\_\_\_\_

Staff Initials \_\_\_\_\_

**Return this checklist with the Electronic Key to the Milford City Office the 1st business day following event.**