



# Veteran's Memorial Park RESERVATION FORM

254 W. Randall Street

City Hall

Phone: (616) 997-9731

Fax: (616) 997-6679

Organization/Responsible Individual:

Complete Mailing Address: \_\_\_\_\_

Contact Name and Phone Number: \_\_\_\_\_

Date/Time of Park Use: \_\_\_\_\_

Brief Reason for Use: \_\_\_\_\_

Available at the Pavilion: **There are 15 picnic tables (seat 8), 2 PORTABLE bathrooms and large trash cans.**

Keys Picked Up: \_\_\_\_\_ Keys Returned: \_\_\_\_\_

Deposit Received \$ **50.00** \_\_\_\_\_ Amount Refunded: \_\_\_\_\_

(\*NOTE: Non-city residents – refund will be only \$25.00)

\_\_\_\_\_  
Signature

## **BUILDING RESTROOMS CLOSED FOR RE-CONSTRUCTION SUMMER OF 2016**

### **Portable Restrooms Available**

**If using the park on a weekend REMEMBER to pick up the key  
on Friday before 12:00 p.m.**

As a policy, organizations or individuals may use the Veteran's Park Pavilion, however due to the usage already being planned for this summer in the area, the City has set the following guidelines:

1. Please keep the park clean! Pick up any trash and containers before you leave and be sure to dispose of all trash properly.
2. Restroom usage must be monitored and the restrooms left in good condition.
3. No alcoholic beverages or illegal substances permitted.
4. No fighting, threatening or harming of persons or property, violent behavior, offensive gestures, or unreasonable noise will be tolerated.
5. If assistance is needed or vandalism/destruction has occurred, please call the Ottawa County Sheriff's Department immediately at 911.
6. Clean up park area and facilities when leaving.
7. **Keys must be returned to City Hall the following business day – in office or in the drop box.**
8. Deposits will not be returned unless park and facilities are clean and keys are returned. If more that \$25.00 of damage occurs, the City will hold individual and organization responsible.
9. **Please use available parking on the backside of the park. Absolutely NO parking in the lot in front of the "Re-Find Shoppe".**
10. Thank you for your cooperation.

**Return completed form to:**

**City of Coopersville 289 Danforth Street Coopersville MI 49404**