

## MADISON COUNTY BOARD OF SUPERVISORS

125 West North Street • Post Office Box 608 Canton, Mississippi 39046 601-855-5500 • Facsimile 601-855-5759 www.madison-co.com

To: Madison County Board of Supervisors

From: Gloria Nichols, Receptionist

Date: October 28, 2013

RE: Refund for Ms Gladys Macklin

This is to request a refund in the amount of \$25.00 for Ms Gladys Macklin. On March 18, 2013 Ms Macklin requested the use of Rogers Park for a family pinic on October 12, 2013. Ms. Macklin made this reservation in anticipation of having use of the portable toilets. After being informed that we no longer funish portable toilets, Ms Mmacklin decided to rent the portable toilets from another company. Ms Macklin decided to have the event at Rogers Park anyway. Attached is a copy of Ms. Macklin application. Thank you very much for your consideration.

FRON OF PARK MAR 18 2013 MADISON COUNTY, MISSISSIPPI RESERVATION APPLICATION FOR USE OF COUNTY BUILDING AND/OR GROUNDS Name and phone number of contact person for this request: Nature of Meeting and/or Program: Request is for: (Courthouse Square, Courthouse, Cazebo, or Board of Supervisor's Board Room). (Please circle one) Date Requesting: CONDITIONS: 1. Reservations must be made in the Board of Supervisors' office. Reservations should be made one month in advance. Free use of a facility or grounds shall be limited to governmental entities, and Madison. County civic groups. 4. All Madison County businesses, and individual residents of the county must submit a \$25.00 non-refundable deposit at the time of making reservations, and the nature of the meeting must be for non-profit only. {Excluding the Canton Flea Market} The facility or grounds must be cleaned to the satisfaction of the county. 6. Use of a building or grounds shall be limited to no later that 11:00 p.m. {Excluding the Relay for Life} 7. No smoking, alcoholic beverages or dances will be allowed. Any activity which would possibly damage floors, walls, ceilings, or lights is forbidden. 8. Any damages will be the responsibility of the reserving party. Indemnification that the county will be held harmless under all conditions. Name: Address:

> Telephone: I hereby agree to the above conditions of this agreement and have tendered the \$25.00 deposit. {Cash} {Check}

> > Signature

Note: If utility service is needed please call Canton Municipal Utilities at 855-5480, 48 hours in advance of your reservation date. A \$25.00 deposit is required during normal working hours. A \$50.00 deposit will be required after working hours, week-end or holidays.