

RESERVATION DATE: _____

RESERVATION HOURS: _____

Gober Community Center Facility Inspection Checklist

Please refer to your signed rental agreement for complete list of rules and guidelines associated with rental of the Gober Community Center and deposit refund details. A completed checklist is required for deposit refund consideration. If leaving earlier than originally agreed to, please give at least one hour notice to the GCC contact meeting you for check out inspection. The GCC representative completing the checklist is not authorized nor able to guarantee nor issue refunds at the time of rental check out. Thank you for keeping our community center clean and damage free!

Name: _____

Phone: _____

GCC Contact: _____

Phone: _____

CHECK-IN INSPECTION:

- | | |
|--|--|
| <ul style="list-style-type: none">○ Kitchen countertops are clean○ Kitchen sink is clean○ Stove and oven are clean and working properly○ Microwave is clean and working properly○ Refrigerator and freezer are clean and working properly○ Trash cans are lined with trash bags○ Tables and chairs are clean○ Restroom is clean and trash can is lined○ Floors are clean throughout and free of damage | <ul style="list-style-type: none">○ Walls, sound panels, and blinds are free of damage○ Parking lot is clear of trash○ Cleaning and general supplies are available: broom, dustpan, mop, bucket, dish detergent, toilet paper○ Window units are turned on and set to appropriate temperature, if needed○ Heaters are turned on and set to an appropriate setting, if needed○ Water is turned on○ Water heater is turned on |
|--|--|

Note any damage of facilities:

Renter Signature: _____

GCC Representative Signature: _____

Date: _____

Time: _____

CHECK-OUT INSPECTION:

- Kitchen countertops are clean
- Kitchen sink is clean
- Kitchen items have been washed and returned to appropriate storage
- Stove and oven are clean and working properly
- Microwave is clean and working properly
- Refrigerator and freezer are clean and working properly
- Food has been removed from refrigerator and freezer
- Tables and chairs are clean and stored as found
- Restroom is clean
- Floors are clean throughout and free of damage
- Walls, sound panels, and blinds are free of damage
- All trash has been removed from facility
- All personal items have been removed
- Parking lot is clear of trash

Note any damage of facilities or other considerations:

Renter Signature: _____

GCC Representative Signature: _____

Date: _____

Time: _____

GCC USE ONLY:

- Trash bags have been replaced in kitchen
- Bathroom trash bag has been replaced
- Bathroom paper towels have been replaced, if needed
- Toilet paper has been replaced, if needed
- Window units are turned off
- Heaters are turned off
- Water is turned off
- Water heater is turned off
- Water has been drained from lines

Initial when completed: _____