

City of Valley City, North Dakota Application to use City Parking Lot

| Name of Event: Date of Event: Location of Parking Lot Contact Person: | | | | | |
|---|---|---|------------------------|------------------|--------|
| | | | Contact Number: Email: | | Email: |
| | | | Today's Date: | | |
| | | | INDEMNIFI | CATION AGREEMENT | |
| I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY COSTS INCURRED AS A RESULT OF ANY DAMAGE TO THE PROPERTY. | | | | | |
| AGENCIES, OINCLUDING | OFFICERS, AND EMPLOYEES, F | HARMLESS THE CITY OF VALLEY CITY, ITS ROM ANY AND ALL CLAIMS OF ANY NATURE, RNEYS' FEES, WHICH MAY IN ANY MANNER REEMENT. | | | |
| FROM ALL C | | HOLD THE CITY OF VALLEY CITY HARMLESS ENEYS' FEES INCURRED IN ESTABLISHING AND ERAGE PROVIDED HEREIN. | | | |
| I HAVE REA | AD AND AGREE TO THESE CO | <u>NDITIONS</u> | | | |
| SIGNATURE | : | DATE: | | | |
| FEE: | \$100, needs to accompan | \$100, needs to accompany application, some exclusions may apply | | | |
| RETURN TO | Valley City Auditor 254 2nd Ave NE Valley City, ND 58072 Fax: (701) 845 – 1700 Email: jhintz@valleycity | .us | | | |
| For City Use: | | | | | |
| Approved by: | Police Department | Street Department | | | |
| | City Administrator: | Date: | | | |

Name of Applicant/Organization: