



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

Name of Applicant/Organization: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Parking Lot \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### **INDEMNIFICATION AGREEMENT**

I UNDERSTAND THAT I OR \_\_\_\_\_ WILL BE RESPONSIBLE FOR ANY COSTS INCURRED AS A RESULT OF ANY DAMAGE TO THE PROPERTY.

\_\_\_\_\_ AGREES TO INDEMNIFY, SAVE, AND HOLD HARMLESS THE CITY OF VALLEY CITY, ITS AGENCIES, OFFICERS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OF ANY NATURE, INCLUDING COSTS, EXPENSES, AND ATTORNEYS' FEES, WHICH MAY IN ANY MANNER RESULT FROM OR ARISE OUT OF THIS AGREEMENT.

\_\_\_\_\_ ALSO AGREES TO INDEMNIFY, SAVE, AND HOLD THE CITY OF VALLEY CITY HARMLESS FROM ALL COSTS, EXPENSES, AND ATTORNEYS' FEES INCURRED IN ESTABLISHING AND LITIGATING THE INDEMNIFICATION COVERAGE PROVIDED HEREIN.

### **I HAVE READ AND AGREE TO THESE CONDITIONS**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FEE:** \$100, needs to accompany application

**RETURN TO:** Valley City Auditor  
P. O. Box 390  
Valley City, ND 58072  
**Phone:** (701) 845 – 1700  
**Fax:** (701) 845 – 4588  
**Email:** [brandy.johnson@valleycity.us](mailto:brandy.johnson@valleycity.us)

### **For City Use:**

**Approved by:** Police Department \_\_\_\_\_ Street Department \_\_\_\_\_

City Administrator: \_\_\_\_\_ Date: \_\_\_\_\_