

Canton Community Center Inc. RENTAL DISMISSAL Form



210 North 7th Street, Canton, MO 63435

573-288-0550

www.cantoncommunitycenter.com

www.facebook.com/cantonmocommunitycenter

Last Name						First Name MI				
Street Address				City				State	Zip Code	•
Primary/Cell/Home I	Phone	Work Phon	ne		Mem	nber E-Mail (email address are not sl	nared/sold)			
Please state the reason for dismissal, be specific, use names, dates, times, if any witnesses please include additional statements										
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Expected Outcome and/or Terms of Return										
Agreement										
The Canton Community Center is a building designed to provide facilities for educational and exercise classes, meetings, and social events. As with any function where there are people and brick & mortar buildings, an issue may arise where it is required for the renter to vacate the premises. Revocation of permit for use can be issued by any Canton Community Center Employee, Director, or Board Member, in addition, the Canton Police Department. The above listed is why you were asked to vacate the premises, and the Expected Outcome and/or Terms of Return are final with only the Board of Directors overturn (unless requested by Canton Police where they will also have an input on return) If you wish to object these findings, please fill out a Complaint Form following all directions on that form.										
Signature (s)										
I have an understanding of this form and agree to the agreement section, IN WITNESS WHEREOF this Rental Dismissal Form has been executed by the undersigned parties on the date written below.										
Member Signature				Date	Pare	ent/Guardian Signature			Date	
Center Representative			Date							
To be filled out by Director or Board of Directors Additional information after the fact (i.e. court response, overturn by Board of Directors etc)										
Refund Amount Method of Refund Issuer of Refund Last Name Issuer of Refund First Name Authorized by and Position										