

FOIA Senior and Community Center Application

Bernice Brewer <bbrewer910@gmail.com>

14-3-23(4)

Wed 3/23/2016 12:13 PM

To: Sherry Jasinski <sjasinski@saukville.org>

Under the Freedom of Information Act, I am seeking copies of any/all applications for any groups//person that rented or used the senior center in the last two years.

Your prompt attention this matter is appreciated. Your response can be sent to bbrewer910@gmail.com

Bernice Brewer

MAR 30 AM 8:23



SENIOR CENTER

Contact Person: Heather Cruz

Address: [Redacted] ue

City: Sauk Village, IL 60411

Contact #

Date: October 24, 2015

Facility: Senior Center

Begin Time 1:00 p.m.

End Time: 6:00 p.m.

Authorized By: Rose Langston

Type of Event: Samoan Christian Ceremony

Number of Persons: 100

*Rose -
Returned
Dep 11-4-15
(aw)*

NO LIQUOR TO BE SERVED ON PREMISES

Authorized Usage: See Below

Water: N/A Tables: Yes Gazebo: N/A Electrical: N/A

Kitchen: Yes Chairs: Yes Shelter: N/A

Permit#: 10-24-15

*Received 150⁰⁰ cash deposit
(Signature)
←*

11-4-15

SENIOR CENTER RENTAL APPLICATION
21801 Torrence Avenue
Sauk Village, IL 60411

DEPOSIT 150.00
5x35 175.00

325.00

1-6 A.M.

Date of Event: 11-4-2014

Day of Week: TUESDAY

Event: FURNEL REFRESHMENT

Type of Event: _____

Group: DAMON CHRISTIAN CHURCH

Contact Name: SAM-TAALA

Day Phone: _____

Evening Phone: _____

Address: _____

City: SAUK VILLAGE

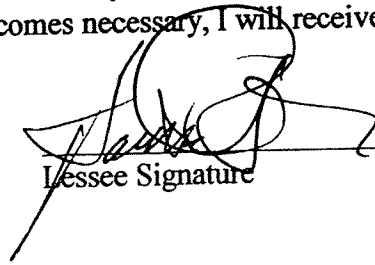
State/Zip Code: IL - 60425

Attendance: 120

Lessee responsible for clean up

By my signature below: I certify that I have received a copy of, read, and fully understand my rental contract. The general policies for the Senior Center Rental, and the prescribed responsibilities for the Senior Center Lessees. I further understand that my failure to meet any of these responsibilities or comply with any policy may result in the immediate termination of the rental agreement by the onsite facility personnel. I also agree that, if termination of the rental agreement is deemed necessary by the facility personnel, I will ask my guests to exit the facility in a quick and orderly fashion and personally oversee the clean-up of the rental space. Finally, I understand and agree that, should early termination of my rental contract becomes necessary, I will receive no refund of my security deposit.

10/29/14
Date


Lessee Signature

**SORRY, MISPLACED
ORIGINAL!**



SENIOR CENTER

Contact Person: Yvonne & Robert Ketcham

Address: [REDACTED]

City: [REDACTED]

Contact: [REDACTED]

Date: October 3, 2015

Facility: Senior Center

Begin Time 12:00 p.m.

End Time: 4:00 p.m.

Authorized By: Rose Langston

Type of Event: Surprise Anniversary Party

Number of Persons: Approx 30

NO LIQUOR TO BE SERVED ON PREMISES

Authorized Usage: See Below

Water: N/A Tables: Yes Gazebo: N/A Electrical: N/A

Kitchen: Yes Chairs: Yes Shelter: N/A

Permit#: 10-03-15