



Pittsfield Housing Authority

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Pittsfield, Massachusetts 01201-5090

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(413) 499-2771

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www.pittsfieldhousing.org

COMMUNITY ROOM EVENT FORM

TENANT NAME: _____

TENANT ADDRESS: _____

DATE OF EVENT: _____

TIME OF EVENT: _____

BY SIGNING THIS FORM, YOU AGREE TO LEAVE THE COMMUNITY ROOM
IN GOOD STANDING WHEN YOU ARE DONE, AND WILL RETURN THE
COMMUNITY ROOM KEY TO THE OFFICE THE FOLLOWING DAY.

THERE IS A \$25.00 REFUNDABLE DEPOSIT REQUIRED THAT WILL BE
RETURNED TO YOU ONCE THE KEY HAS BEEN RETURNED TO THE OFFICE,
AND MAINTENANCE HAS CONFIRMED THE COMMUNITY ROOM IS CLEAN.

TENANT SIGNATURE: _____

DATE: _____

KEY RETURNED:

DATE: _____

DEPOSIT RETURNED TO TENANT:

DATE: _____

BY: _____