

CITY OF MAGEE
Rental Agreement

Responsible Person: _____

Address: _____

Phone #: Work _____ Home _____ Alternate _____

Facility rented:

Community House _____ Room(s) Requested _____ McNair Springs Pavilion _____

Purpose for Rental: _____

Date Requested: _____

Time Needed:

From _____ a.m./ p.m. Until _____ a.m./ p.m. (circle am./p.m.)

Charges quoted and due before event: _____

Date payment for rental was received: _____

NO ALCOHOL OR DRUGS ARE ALLOWED ON CITY PROPERTY

ASSUMPTION OF RESPONSIBILITY

I, understand that I will be responsible for the well-keeping of the requested facility and that I can be held liable. This responsibility includes, but is not limited to, the following: clean-up of and replacement of any items changed; conduct of attendees of planned event; locking of facility at conclusion of event.

Signature of responsible person

Date