

CITY OF HORICON

404 East Lake Street
Horicon, Wisconsin 53032
Phone Number 920-485-3500
Fax 920-485-3503

HORICON PARK AND RECREATION RENTAL AGREEMENT

RENTEE: _____ ORGANIZATION: _____

ADDRESS: _____ PHONE: _____

FACILITY REQUESTED: _____ DATE: _____

TYPE OF ACTIVITY: _____ NUMBER OF PARTICIPANTS EXPECTED: _____

I certify, by my signature, that I have received, read and understand the condition for the rental of park and recreation facilities, and agree to abide by the conditions, rules and regulations stated therein, and that the above information is accurate.

Refund of security deposit may take up to 30 days.

Signature _____ (Date) _____
(Renter must be at least 18 years of age)

FOR OFFICE USE ONLY:

KEY NO.: _____ DATE PAID: _____ RECEIPT NO.: _____

FACILITY RENTED: _____

RESIDENT _____ NON-RESIDENT _____

FACILITY RENTAL FEE: _____

SECURITY DEPOSIT: _____

TOTAL DUE: _____

CITY HALL USE ONLY:

REFUND: APPROVED REFUSED DATE: _____

CHARGE FOR CLEANUP/OR DAMAGE: \$ _____

REASON FOR CHARGE: _____

INSPECTOR'S INITIALS: _____ DATE: _____

COPIES TO: Renter Police Department City Hall DPW