

City of Emerson

Chartered 1889

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www.cityofemerson.org

FACILITY RENTAL AGREEMENT

RESPONSIBLE PERSON/RENTER INFORMATION			
Name of Responsible Person/Renter		Primary Phone Number	
Address of Responsible Person		Drivers License Number/State	
Company Name		Company Phone Number	
Company Address		Owner Name	
RENTAL DATES			
Proposed Use of Facility			
Rental Date(s)	Day of Week	Start Time	End Time
FEES			
Security Deposit	Date Paid	Receipt Number	Employee
Rental Fee	Date Paid	Receipt Number	Employee

I certify that I have received and read all of the rental facility rules and agreements and agree to comply with my signature below. I understand that violation of any of the terms of those rules may be cause for revocation of the rental, without notice, and may result in immediate removal from the premises and forfeiture of my security deposit. Furthermore, I understand that my security deposit may be forfeited or I may be billed for any additional expense should any of the aforementioned requirements be ignored or abused, or if any damages are a result of the actions of my rental.

Responsible Party/Renter

Date