Table & Chair Rental Agreement

City of Truro, IA

Date(s) of Rental: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Renter’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Items | Cost for Rental | Quantity | Final Cost |
| Chairs | $1.00 |  |  |
| Tables | $2.00 |  |  |
| Picnic Tables | $20.00 |  |  |
| Refundable Deposit | $100.00 | 1 | $100.00 | Amount Due |

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit to be refunded, providing all items are returned undamaged. If items are found to be damaged the amount of deposit needed to repair or replace damaged items will be forfeited. Any amount for repair or replacement above the deposit amount will be due within one (1) week from the end of the rental date.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Quantity | Cost | Price |
| Chairs Replaced |  | $25.00 |  |
| Tables Replaced |  | $80.00 |  |
| Amount Due | NA | NA |  |

Rental maximum - 4 tables, 25 chairs and two picnic tables.

Rentals limited to 7 days.

Arrangements for pick-up and return to be made at the time of rental.

Renter’s acknowledges all tables and chairs were undamaged at time of rental.

Renter’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment: Cash or Check # \_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Damage Payment: Cash or Check # \_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refund Check # \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_