**Kevil Community Building Rental Agreement**

**273 Wyatt Ave. Kevil, KY 42053**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **4-Digit-Pin to unlock facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash Check Check #\_\_\_\_\_\_\_\_\_\_\_\_**

**Rental Fee- $100 Deposit Amount- $50 Total Due to secure date $150.**

**I acknowledge that I am renting the Kevil Community Building located at 273 Wyatt Avenue. I am renting the facility for $150.00 and that $50.00 is the deposit amount that will be returned to me after my event & inspection of the facility has been complete. I have provided the City of Kevil my current mailing address & I have received a copy of the guidelines for renting the facility. I understand that after my event if upon inspection all the guidelines have not been followed, I will not receive my deposit back.**

**Signature of Renter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Clerks Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Office Use Only: Inspection Complete & Satisfactory YES NO**

**Deposit mailed date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**