

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- \$100.00; Deposit Amount- \$50.00; Total Due to secure date \$150.00.

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 # _____