RENTAL AGREEMENT: (PLEASE PRINT)

NAME			_
ADDRESS			_
PHONE #			_
On, from (what tin	I, ne)	(Person Renting)	am renting
() Tabor Community Room ~ 626 M () Tabor Fire Station ~ 900 Main St	lain St FEE - \$50	SECURITY DEPOSIT SECURITY DEPOSIT	· - \$100
For			
(Eve	nt Being Held)		
The rental fee of and			
time of reservation if rental date is least 30 days prior to reservation of	_		-
and therefore will not be secured by any individual or organization. Tape will not be allowed on			
the floors, ceiling or walls. No fog	<u> machines, bubble</u>	s or rice allowed	
I have read the Rules, Rental Fees and Funderstand that any violation could res		·	
understand that any violation could res	dit in demai or ididie	rental of the Tabol City L	ouliuligs.
Signature of person renting the space: Date:			
PLEASE MAKE SEPARATE CHECKS	S: ONE (1) CHECK FO	R RENTAL AND ONE (1) CHECK FOR THE
SECURITY/DAMAGE DEPOSIT TO:	City of Tabor	Payment may be	
	PO Box 309 Tabor, IA 51653	mailed or dropped off at City Hall	
		TI ON	
FOR SCHEDULING, VIEWING AND Community room or fire station - CO			
Lakin Library Community Room – COI	NTACT THE LIBRA	RY ~ 712-629-2735	
Forms may be dropped off at City Hall of	r		
Email to: cityclerk@cityoftabor.org or Fa	x to: 712-629-1019		
OFFICE LICE ONLY			
OFFICE USE ONLY			