

Town of Merrill

Merrill, Wisconsin

RENTAL AGREEMENT APPLICATION

RENTER'S NAME: _____

ADDRESS: _____

CITY, STATE, & ZIP: _____

TELEPHONE NUMBER(S): _____

DATE OF RENTAL: _____

EVENT TYPE: _____ **# OF PERSONS:** _____

APPROXIMATE HOURS OF USE: _____

RENTAL AMOUNT \$ _____ **DEPOSIT AMOUNT \$** _____

SIGNED: _____ **DATE:** _____

**PLEASE REMIT FULL PAYMENT (RENTAL FEE & DEPOSIT), SIGNED
INDEMNIFICATION AGREEMENT, AND SIGNED RENTAL AGREEMENT TO:**

**TOWN OF MERRILL CLERK
W4594 PROGRESS AVE
MERRILL WI 54452**

**Questions: CHERYL FISCHER, CLERK/TREASURER
715-536-4383**

ACPTD BY: _____ **DATE** _____ **AMNT RCVD:** _____