



TABLE & CHAIR RENTAL AGREEMENT

Name:		
Address:	City:	State/Zip:
Phone:		
Date Requested/Event:	Date of Return:	

COST (*Rental agreement is for 24 hours*)

Maximum of \$300
\$5 per table
\$0.50 per chair

Important Notice: By signing, renter agrees to return the items rented in the same condition in which they were received. If rental items are damaged, lost and/or stolen, the renter will be invoiced for the full replacement cost.

Note: Checks can be made out to the City of Kenmare for rental fees.

RENTAL ITEMS

of tables
 # of chairs

Total Amount of Rental _____

Signature _____ Date: _____

-----FOR OFFICE USE ONLY-----

Check out and received by:	Date:	Time:	Condition:
Rental Items Returned by:	Date:	Time:	Condition:

P.O. Box 816
 5 3rd St NE, Kenmare ND 58746
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