



Barre Park Shelter RENTAL AGREEMENT

Anyone wishing to rent the Barre Park Shelter must read, agree to and sign below before the rental occurs. All of the following rules must be adhered to or the renter will be responsible for paying for any damages over and above what the deposit doesn't cover.

- 1) I am fully responsible for the shelter building and will put everything back that I move.
- 2) I will leave the kitchen area as clean as I found it.
- 3) I will put picnic tables back in the shelter if I move them.
- 4) I will always keep all pets under the control of the owner by means of a leash, chain or rope, and to clean up and dispose of all pet waste.
- 5) I will keep all cooking fires in places specifically provided for such fires.
- 6) I will place all trash in the receptacles provided and **I WILL TAKE ALL GARBAGE WITH ME.**
- 7) I will abide by the park hours of 8am-10pm.
- 8) I will use only the designated entrance for coming into and leaving the park and restrict all parking to the parking lot.
- 9) I understand shelter reservations do not entitle the renter to exclusive use of any other portion of the park.
- 10) Barre resident fee is \$75, plus a separate damage deposit check for \$75. Barre non-resident fee is \$100, plus a separate damage deposit check for \$100. Both checks are due at least 5 days prior to use *(Your damage deposit check will be destroyed upon inspection of the property if no damage is found. Your date is not secured until form and payment are received by the Town).*

PAYABLE TO: Town of Barre **QUESTIONS?: Text Meri @ 608-780-4651**
MAIL TO: Meri McKinney ~ W4194 County Road O, LaCrosse, WI 54601

IN CASE OF EMERGENCY OR ISSUE WITH THE SHELTER, CONTACT:
 Curt Berg (608-386-3336) or Bob Miller (608-786-2040) or John McGowan (608-786-1199)

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|--|-----------------------------------|
| RESIDENT? Yes/No ~ RENTAL DATE: ____/____/20__ ~ HOURS: _____ to _____ | |
| Print Name _____ | Phone (____) _____ - _____ |
| Company/Group Name _____ | |
| Email _____ | |
| Address _____ | |
| Signature: _____ | Date: ____/____/20__ |

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

Date Form/Checks Received: ____/____/20__ Fee Check # _____ Amount \$ _____ & Deposit Check # _____ \$ _____
 Damage? Describe: _____ Damage Fee \$ _____
 Date Fee Deposited: ____/____/20__ Check #: _____ by _____, Town Treasurer