

CITY OF LEWISTON



Lewiston City Hall
75 Rice Street • P.O. Box 129 • Lewiston, MN 55952
Phone: (507) 523-2257

Rental Agreement for Tables/Chairs

Date (of agreement): _____

This agreement is made between the City of Lewiston and _____

Phone: _____ Email: _____

Date for rental: _____

Event type: _____

Location for rental units: _____

Fees	Number of chairs needed: _____ x \$1.00 = _____
\$1 per Chair	Number of tables needed: _____ x \$5.00 = _____
\$5 per Table	+ \$200 damage deposit = _____
\$200 Damage deposit	Total Units: _____ Total Amount Due: _____

Fees are based on a 24-hour overnight rental and must be returned the next business day.

- Any damage to property will be deducted from the damage deposit.
- Lessee shall inform City of Lewiston of any damage to rental furniture.
- Lessee shall not sublet rental property.
- Tables and chairs must be returned clean and in good condition.

Applicant Signature: _____ Date: _____

Office Receiving Signature: _____ Date: _____

OFFICE USE

Total Amount Due: \$ _____

Amount Collected: \$ _____

check cash card