

_____ RESPONSIBLE PARTY

_____ DATE OF RENTAL

_____ MAILING ADDRESS

_____ PURPOSE OF RENTAL

_____ CITY, STATE, ZIP

_____ PHONE NUMBER

I AGREE TO THESE CONDITIONS:

Signature of Responsible Party

RECEIVED \$30.00 PER DAY x _____ DAYS _____ (Initials)

RECEIVED \$30.00 CLEANING DEPOSIT _____ (Initials)

****If you have any questions or concerns, please call City Library at (580) 596-2366****