

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: MITZI FLEGNER, CLERK
715-536-4383

ACPTD BY: _____ DATE _____ AMNT RCVD: _____