

**Crouse House
Rental Agreement**

*Facility key must be picked up by 4pm on the day before use.
For weekend usage, key must be picked up by 4pm on Friday.*

Person responsible for renting facility: _____

Name of group or organization (if applicable): _____

Physical Address of person renting facility: _____

Telephone Number: _____

Date of Use: _____ (must be out by 9pm)

1. ____ (initial) I understand that my group is to depart the facility by 9pm.
2. ____ (initial) I understand that I must leave the facility clean and in good condition. (Place trash in provided can. Remove all food items. Make sure toilet is flushed.) I also understand if the house is not left clean and in good condition, I WILL NOT be allowed to use the house again and my cleanup/damage deposit WILL NOT be refunded.
3. ____ (initial) I understand that no thumb tacks, tape, or glue is to go on the walls/ceilings.
4. ____ (initial) I understand that there will be NO ALCOHOL OR BEER ON PREMESIS.
5. ____ (initial) I understand that the house is NOT to be used for any for-profit activities, political functions, religious functions, and no overnight guests allowed.
6. ____ (initial) I understand that there are to be NO OPEN FIRES and NO GRILLING ON THE PORCH.
7. ____ (initial) I will NOT take any items from the premises that do not belong to me and make sure that no one in my group/organizations removes any items as well.
8. ____ (initial) I will be sure to close and lock all doors and windows upon exiting the house.
9. ____ (initial) I understand that the facility will be inspected after use; if rented Monday-Thursday, inspections will be completed the day after rental. If rented Friday-Sunday, inspections will be completed _____.
10. ____ (initial) I understand that the damage deposit will not be returned until the Town of Sparta employee advises that all the above agreed conditions have been met.
11. ____ (initial) I understand that the damage deposit will be returned via check and may take up to 14 days after rental to receive refund.
12. ____ (initial) I understand that the Town of Sparta is not responsible for ANY loss and or damage to property of any nature brought on the premises prior to, during, or after the rental period.

I have read the terms outlined above and accept full responsibility for use of the Crouse House on the above-mentioned date.

Renter: _____

Witnessed by: _____, Town Employee

Town of Sparta Employee to complete this section:

Amount Received: \$_____ Check #_____ Cash\$_____ Received by: _____

Date Key Issued: _____ Date Key Returned: _____ Received by: _____

Damage Deposit returned ____ Yes ____ No If Yes, amount returned \$_____

If no, the reason(s) deposit not returned: _____

_____.