

Please download the form and open it with ADOBE READER in order to submit it via email! An active email account is required.

For Office Use Only

Deposit Paid: ____/____/____

Rental Fee Paid: ____/____/____

Deposit Returned: ____/____/____

**City of Metter
Old Depot
Reservation Contract**

Name of Individual/Organization:

Contact Person (if Organization): _____

Mailing Address:

(street) (city) (state) (zip)

Telephone Number:

(home) (work) (cell)

E-Mail Address: _____

Date of Rental: _____

***Note: Your time of reservation MUST include your set up and clean up time. Your set up before and clean up after must take place within your rental time.**

Number of Hours Needed: _____

Purpose of Rental: _____

***Note: Depending on the type of rental, a security guard may be hired at the lessee's expense if deemed necessary by the City of Metter and the Old Depot Committee.**

Number of People Expected to Attend: _____

Age Group of People Attending: _____

If room is reserved for minors, how many chaperones will attend: _____

***Note: A minimum of 1 chaperone to 10 children is required.**

