

## Facilities Rental Request Form

Property Owners Name \_\_\_\_\_

Lot # \_\_\_\_\_ Telephone # \_\_\_\_\_

Facility to be rented \_\_\_\_\_

Date and time of rental \_\_\_\_\_

Function rental is for \_\_\_\_\_

**\*By signing below I am certifying that I have received a copy and understand the WPOA Facilities Rental Policy and agree to abide by same.**

Property Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

Deposit return received by \_\_\_\_\_ Date \_\_\_\_\_

### Office use only

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Amount Collected \_\_\_\_\_

Post event inspection performed by \_\_\_\_\_

Post event inspection comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deposit return approved by \_\_\_\_\_ Date \_\_\_\_\_