108 West Main Street PO Box 263 Fairfield PA 17320

The Borough of Fairfield Rental Agreement

Email: borofairfieldpa@comcast.net

Office 717-642-5640 Mon-Thu 10:30-4:30 Fri by appointment

The Borough of Fairfield agrees to the rental of its community room to the following individual/organization, and the lessee agrees to the rental terms as indicated below:

Printed Name of Responsible Person	Today's Date	
Name of Organization	Email –will be used only for correspondence pertaining to this rental	
Address	Telephone Number	
	Event or Activity	
Rental date(s)between hours of	AM/PM toA	AM/PM Temp
The cost is \$60 up to 6 hours of use, \$75 for over 6	hours' use, payable 14 days p	prior to scheduled event.
A \$50 good-faith deposit is required when the rental has been inspected and found clean and free of dam and to pay for any and all damages to the lessor's pof any and all required repairs or replacements INITIAL ACKNOWLEDGEMENT HERE	age. The lessee agrees to abide property. Said damage to the property to the p	e by the rental conditions below property shall be the actual cost
The lessee shall not attach any item(s) to the correturned to the storage area. Floor should be dust removed to the outside trash containers at the end of the building! If it is determined that the community of the deposit will be used to cover the cost of having INITIAL ACKNOWLEDGEMENT HERE	mopped or swept after each uf the parking lot. Complete the y room has been left in an unsang it satisfactorily cleaned.	ise, and trash should be bagged and e clean-up checklist before leaving
The Village Hall is a smoke and drug	-free facility. No alcoholic beve	erages permitted.
A key must be picked-up one or two days prior to tregular office hours following your event.	ne scheduled event and returne	ed to the Borough Office during
Tenant(s) are advised that they are strictly respons all personal property brought to the Borough Hall of		•
for any personal property of T	gh shall not be responsible lenant(s) that is lost, destroyed 12-5048, 717/642-5032, OR 717/339	
Signature of Responsible Person (lessee)		
For Office Use: Attach and check Clean-up Cl	necklist before returning Go	
Rental Payment Key: Number	_	-Faith Deposit
Date Rec'd b	y Date I	Rec'd
Cash Returned t Check#	o Cash_	Check # ned Check #
	Return	

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