



Memorial Hall Rental Application

715 Railroad St., Downs, KS 67437

(785) 454-6622; fax (785) 454-6246

cityclerk@cityofdowns.com

This lease made this _____ day of _____, 20____ between the City of Downs, Kansas, hereinafter referred to as lessor, and

Lessee Name: _____

Phone: _____

Address/City: _____

Email: _____

Rental Date(s): _____

Rental Hours: _____

Purpose: _____

Key Deposit: **\$20.00**

Security Deposit: **\$100.00**

Rental Fee: \$ _____

Total Payment Due: \$ _____

Portion of Premises Required:

Front Room Only

Entire Hall

Rental Fees:

FOR PROFIT

NON-PROFIT

Entire Hall/Day

\$200

\$150

Front Only/Day

\$100

\$100

Weekend Rate

\$400

\$400

****Security deposit will ONLY be refunded AFTER a complete inspection by a City of Downs employee**

Lessee

City of Downs by _____, City Clerk

Lessor

Under no circumstances will City Personnel or Council Members provide the key during non-working hours.

For Office Use Only:

Key # _____ Issued on _____ Issued to _____

Security Deposit Received: _____

Key Deposit Received: _____ Total Received: _____

Security Deposit Refunded on: _____ in the amount of \$ _____ by check _____