

10 Hackleboro Road
PO Box 500
Canterbury, NH 03224

Telephone: 783-9955
Fax: 783-0501

Town Building Rental Agreement and Fee Schedule

Name: _____ Building to be rented: _____

Address: _____

Phone #: _____

Date of function: _____ Type of function: _____

Time of function (start to end): _____

ALL FEES MUST BE PAID PRIOR TO SCHEDULED USE

The user agrees to assume full liability and responsibility and hold harmless the Town of Canterbury and its officers, employees and agents from any injury or other harm that may come to any person present on the premises at any time during the course of usage.

The user agrees to reimburse the Town of Canterbury for costs incurred through damage or loss to the premises occasioned during the course of usage.

The user agrees that the premises shall be left in as good as condition as found. All tables, chairs, equipment shall be returned to the original location/position.

There shall be no smoking in the building(s) during the usage. It shall be the responsibility of the user to take the necessary actions to ensure that all attendees and persons associated with the activity to which the usage pertains are aware of and comply with these requirements.

If alcohol being consumed within the premises or curtilage of the property, a Police Officer must be present. The cost to have an Officer present is \$48.00 per hour (4 hour minimum).

The rental fee will be \$75.00 (does not include Police coverage if required). In addition, a security deposit of \$100.00 will be submitted along with the rental fee when the building is reserved. The security deposit will be returned within 2 weeks, if after the inspection, the building is found clean and undamaged. The key is to be returned to the Town Office the next day or Monday morning if the event is held on the weekend.

I have read and understand the above instructions. I further understand that failure to comply with these instructions may result in the loss of my security deposit.

Printed Name

Signature

Date

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Approved: _____

Denied: _____

Chief of Police

Address to return security deposit (please print clearly)

Phone: _____

Security Deposit Paid: Yes _____ No _____

Amount Paid: \$ _____ Check #: _____

Security Deposit Returned: _____

Date