

Town of French
Rental of Tables and Chairs

Name of Applicant/Organization: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

Rental Requirements: 8 ft Rectangular Tables (\$5) Quantity: _____

Metal Folding Chairs (\$1) Quantity: _____

Purpose of Rental: _____

Date of Rental: _____

Time of Rental: _____ am / pm to _____ am / pm

Total Fee for Rental: _____

****Two Checks are required for rentals, one for \$50 as a Damage Deposit, and one for the amount of the rental. Damage Deposit checks will be returned to you or destroyed after rental, provided all equipment is returned undamaged. All equipment must be returned to the Township within seven days of pick-up unless prior arrangements have been made.**

Deposit Amount: \$50 Paid on: _____ Check #: _____

Total Amount: _____ Paid on: _____ Check #: _____

Please return this form along with your deposit and rental fee to:
PJ Bjur, Town of French, PO Box 28, Side Lake, MN 55781.
If you have any questions, you can call PJ at 218-969-3323. All checks payable to **Town of French**.