

**Town of French  
Rental of Tables and Chairs**

Name of Applicant/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Rental Requirements:      8 ft Rectangular Tables (\$5 per table per week) Quantity: \_\_\_\_\_

Metal Folding Chairs (\$1 per chair per week)   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 #: \_\_\_\_\_

**By signing below, I agree to the above rental terms:**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

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**.