



101 South Locust Street P.O. Box 65 Meta, Missouri 65058 cityofmetamo@outlook.com

Office: 573-229-4439 Fax: 573-229-4439

## CITY OF META PAVILION RENTAL CONTRACT

Applicant:	
Address:	
Phone Number:	
Requested Date of Rental	
Rental Amount: \$40.00	
	llpark is entered into thisday of, tion whose name appears above. The price listed for the facility shall
Signature of \\City Representative	Date
end of the rental period. I will arrange for profollowing my event. All persons using the facilit with all rules and regulations. I will remove all	y event. I shall return the facility to its original condition prior to the offessional cleaning or shall clean the building/park pavilion myself by during this event are my responsibility. I will see that they comply items I place in the facility including decorations. No activity shall the City may collect from me all costs associated with damage to the or reasonable maintenance costs.
	day notice to the City if my event is cancelled to receive full refund ilable, through no fault of my own, I am entitled to the full refund of legal remedy.
I agree to fully indemnify and hold harmless the or injury that might arise from the lessee's or the	City of Meta, its' officers, officials, and employees for loss, damage elessee's invitees use of the facility.
Signature of Applicant	 Date