

RENTAL APPLICATION OF TOWN HALL

TOWN OF MACKFORD

N2270 County Road A

Markesan, WI 53946

(608) 297-0107

clerk@townofmackfordwi.gov

Renter Type –Town resident / Property Owner: _____ \$100.00 NON-Resident _____ \$200.00

Date Requested: _____ Time (approximate): from _____ to _____

Name of Group or Organization: _____

Name of person responsible: _____

Address: _____

City

State

Zip

Telephone #: _____ E-mail address: _____

Type of function to be held: _____

Number of people expected at function: _____ (The hall has a seating capacity of 60)

What items will be brought into the hall for the activity: _____

Signature of applicant: _____ Date: _____

Signature of Clerk: _____ Date: _____

_____ Hold Harmless Agreement signed **required for all rentals**

_____ Rental Amount/Resident \$ __100.00__

_____ Rental Amount/Non-Resident \$ __200.00__

_____ Cleaning Deposit: \$100.00: - separate check. Check # _____

_____ If the event is cancelled 30 days prior to the event there is a \$25.00 fee non-refundable

Cleaning Deposit returned: _____ Date

Key returned within 3 days to Town Employee ~ Date: _____

Effective 1/1/2024