



TABLES & CHAIRS RENTAL APPLICATION

404 Lake Court, Dixon, IL 61021

(815) 652-2006

Rental Date: _____ Pick Up Date: _____ Return Date: _____

Renter's Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Renter's Email: _____

Enter Quantity Requested:

_____ 6-foot rectangle tables (4 available) _____ 5-foot round tables (3 available)

_____ 8-foot rectangle tables (14 available) _____ Chairs (96 available)

\$10.00 per Table x _____ (quantity) = \$ _____ \$100 Deposit

\$ 2.00 per Chair x _____ (quantity) = \$ _____ \$25 Deposit

Total Rental Fees: \$ _____ Total Deposit: \$ _____

Rental is not confirmed until the rental application is signed and the rental fees are paid to Lost Lake RCD.

1. The renter is responsible for any breakage and damage to the tables and chairs.
2. The renter is responsible for cleaning the rented tables and chairs prior to returning them.
3. Pickup and Dropoff must be arranged with an RCD representative.
4. A Security Deposit is required. The deposit will be refunded once the tables and chairs are returned and inspected by an RCD representative.

I agree to the above terms and conditions.

Renter's Signature

Today's Date

Please send the following to: Lost Lake RCD, 404 Lake Court, Dixon, IL 61021

Signed Rental Application Payment 1: Security Deposit Payment 2: Rental Fees

For Office Use Only:

Scheduled Pickup Date: _____ Actual Pickup Date: _____ By: _____

Scheduled Return Date: _____ Actual Return Date: _____ By: _____

Condition when Returned: _____ Refund Deposit? _____