

TOWN of NOKOMIS

**2541 LAKE NOKOMIS RD.
TOMAHAWK, WISCONSIN 54487**

"RECREATION CENTER OF THE NORTH"

Tel. (715) 453-4801

Fax (715) 453-6399

Rental Agreement

Renter's Name: _____

Address (Street, Town, Zip):

Phone #'s: _____

Date of Rental: _____ **Location:** _____

Event Type: _____ **# of Persons:** _____

Tables Picnic/ Folding: _____ **Folding Chairs:** _____

Rental Amount: \$ _____ **Deposit Amount:** \$ _____

The Town of Nokomis grants this rental permit to the person/organization on the date and at the location indicated above. The above-signed individual requesting this permit assumes any and all liability to themselves, guests and third parties for any damages, injuries or claims and agrees to hold the Town of Nokomis harmless from any such claims that may result from his/her conduct and acknowledges receiving a copy of the rental rules.

Signed: _____ **Dated:** _____

(Sign and return to Bette Stillman at the Town Hall with rental fee and deposit.)

For Office Use Only:

Amount Paid: \$ _____ **Received By:** _____ **Date:** _____

Amount Refunded: \$ _____ **Issued To:** _____ **Date:** _____