



AMT REC'D \$ _____	CK # _____
REC'D BY _____	DATE _____
DEPOSIT RETURNED ON _____	\$ _____
BY _____	CK # _____

TOWN OF LEEDS

218 North Main Street

PO Box 460879

Leeds, UT 84746-0879

Phone: 435-879-2447 Fax: 435-879-6905

E-mail: clerk@leedstown.org // Website: www.leedstown.org

PEACH PIT PAVILION POLICY AND CONTRACT

Please fill in all information. Write N/A, if not applicable.

Organization: _____

Name of Person Responsible: _____

Address: _____ PO Box _____

Phone Numbers: Home: _____ Cell: _____

Day(s) and Date(s) desired for use of Pavilion: _____

Time: Start: _____ Finish: _____

For what purpose? _____

Refundable Cleaning Deposit: The Cleaning Deposit is \$100.00. If Town officials or employees, detect damage to the facilities, or if the facilities are left in an untidy condition that would require more than normal clean-up work, a charge will be levied to recover the resulting costs to the Town. The clean-up will be deducted from the amount of the deposit. If the amount exceeds the deposit, the undersigned will be billed by the Town. If you leave the facilities as you found them your deposit will be returned to you.

Leeds Residents: Rental Fee is \$35.00 for 4 hours or less, each day. Anything over 4 hours is \$65.00 each day. The Pavilion will not be scheduled for use after 10 p.m. on any day.

Non-residents: Rental Fee is \$65.00 for 4 hours or less, each day. Anything over 4 hours is \$130.00 each day. The Pavilion will not be scheduled for use after 10 p.m. on any day.

I have read the above stipulations and agree to their conditions.

Signature

Date

I have enclosed the following fees:

"Refundable" Deposit \$ _____

Resident Rental \$ _____

Non-Resident
Rental \$ _____

Total Amount Enclosed \$ _____

All fees are to be paid in advance and are non-refundable (except deposit, if conditions are met).