

**CITY OF SHEPHERD  
COMMUNITY CENTER  
RENTAL CONTRACT  
11020 HWY 150  
SHEPHERD, TX 7737  
936-628-3305 FAX 936-628-6491**

**THIS BUILDING IS AN EMERGENCY SHELTER PRIOR TO ANY EVENT**

Renter Name: \_\_\_\_\_

Renter Address: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

The signatory below affirms and acknowledges that the below rules have been read and understood and that any violation will result in forfeiture of renter's deposit. Any damage or loss of the Community Center may also result in forfeiture of renter's deposit. Renter expressly agrees that any damage or loss to the Community Center greater than the deposit amount will be subject to any means necessary to recover said damage or loss and that any attorney fees will be paid by renter. Renter has sole right to determine the monetary value of any damage or loss, or any partial funds. It is further understood that facsimile signatures will be accepted as binding in lieu of original signatures.

You may take possession of the building on your date of rental only and you have it for either (half the day which is 4 hours only) or all day (8:00 AM to 12:00 PM.) Select One. Any and all cleanup must be done before you leave that day.

**RENTAL PAYMENT AND DEPOSIT:** All rentals require a deposit, determined by the Rentors selection.

Deposit and rental amounts are payable before releasing key to premises. Deposits will be refunded upon return of key by the 20<sup>th</sup> of each month, and inspection of premises, normally within 2 days. Deposits must be secured in cash, money order or check.

**CANCELLATION POLICY:** Cancellation must be received 15 days prior to reservation. A \$100.00 cancellation fee will be assessed against the deposit for cancellations with less than 15 days' notice.

**TRASH REMOVAL / CLEANLINESS:** Renter must remove all trash and restore community center to cleanliness within the rental period. Failure to do so may result in loss of partial or entire deposit or additional damages assessment. **See check list for additional information.**

**EQUIPMENT / FURNITURE / FIXTURES:** Tables and chairs, kitchen items, etc., must be returned to original places or a \$100.00 fee will be assessed against the deposit. **DO NOT REMOVE ANY ITEMS FROM WALLS OR THE TABLES.** Do not remove any items from kitchen, or any tables or chairs. Any removal or damage to these items may result in additional assessment (s) against renter. Any damages to walls, floors, bathrooms or other areas will result in forfeiture of deposit and potential assessment against renter, as determined by rentor.

**LIGHTS / UTILITIES:** Turn off all lights upon departure. Lock premises and turn the alarm system on.

**ALCOHOLIC BEVERAGES / FIREARMS: ABSOLUTELY NO FIREARMS ON THE THE PREMISES. Alcoholic beverages are only permitted with a Certified Peace Officer.**

**(NO Retired Officer) Renter must supply to City Hall the Certified Peace Officer's name and contact phone number. If the renter does not supply the information to City Hall, the renter forfeitures their deposit.**

**Local law enforcement will be notified of your event and have right of eviction for infraction of any laws or local ordinances. Such eviction will result in forfeiture of deposit plus damages.**

**IN THE CASE OF An EMERGENCY THE BUILDING WILL BE USED AS A SHELTER. THIS WILL TAKE PRIORITY OVER ANY EVENT.**

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date of Rental Receipt:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_ **Time: To** \_\_\_\_\_ **From** \_\_\_\_\_

**Date of Key Issuance:** \_\_\_\_\_ **Key Number:** \_\_\_\_\_

**Date Key Returned:** \_\_\_\_\_ **Alarm Code:** \_\_\_\_\_

**Date of Post Assessment:** \_\_\_\_\_

**Date of Deposit Return:** \_\_\_\_\_

**Rental Amount Half Day (4 hours only) \$200.00    Deposit Amount Half Day (4 hours only) \$150.00**

**Check #** \_\_\_\_\_ **Cash** \_\_\_\_\_

**Rental Amount All Day (8:00 AM to 12:00 PM) \$400.00    Deposit Amount All Day (8:00 AM to 12:00 PM) \$150.00**

**Check #** \_\_\_\_\_ **Cash** \_\_\_\_\_

I \_\_\_\_\_ a Certified Peace Office, was on duty at the event located at the Shepherd Community Center on \_\_\_\_\_.

Event Date

Contact Information: \_\_\_\_\_

Phone Number

Date Signed: \_\_\_\_\_