**Facility Rental Date:** _____

# Town of Clayton

## Clayton Park Use Application

### 3577 Larsen Road Neenah, WI 54956

**Today's Date:** _____

**Name:** _____

**Organization Name:** _____

**Address:** _____

**Home/Cell Phone:** _____

**Work Phone:** _____

**Date of Rental:** _____

**Time of Use:** _____

**Purpose of Use:** _____

**See Fee Schedule**

**Security Deposit: $100.00 (separate check – fine to pay when keys are picked up)****

*** **Rental Fee of $80.00 is due at time of reservation.**
**MAIL RENTAL CHECK TO: 8348 COUNTY RD "T" LARSEN, WI 54947 (Please make check payable to: Town of Clayton)**
*** **Rental Fee is non-refundable if canceled within 30 days of date of event.**

** **SECURITY DEPOSIT** – Renters are expected to leave the facility in the condition they found it.
**Renters will be required to provide the Town with a SEPARATE check for the security deposit when the keys are picked up (Monday through Friday 8:00 a.m. to 4:30 p.m.)**
If the facility is found in acceptable condition and the security deposit is not needed, the Town will then destroy the security deposit at the Town Office.
**YOU WILL NOT RECEIVE A RETURN CHECK unless you include a self-addressed/stamped envelope or return to pick it up at the Office.**

Total Amount of Rental $ _____ Check #: _____
Total Amount of Security Deposit $ _____ Check #: _____

**NOTICE: Renters may not –**

(1) Establish temporary structures such as tents, covers, portable restrooms, or other temporary structures
(2) Establish any carnival rides, whether miniature or otherwise, or conduct any business for entertainment, and
(3) Possess or operate any sound amplification equipment.

**PRIOR Town Board approval is required to allow any or all of these three provisions.**

_____ _____
**SIGNATURE** **DATE SUBMITTED**

**For Office Use Only:**
**Date(s) PAID:**

Rental: _____ Check #: _____ Received By: _____
Sec. Dep.: _____ Check #: _____ Received By: _____
Sec. Dep.: ☐ OIDED ☐ ETURNED Completed By: _____
**KEY:** Color/# _____ Issued to: _____ Date issued: _____
Color/# _____ Received by: _____ Date returned: _____

**Revised (July 2016)**