

Rental Application

Contact Name: _____

Business/Organization: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Preferred Suite Number: _____

Length of Rental: ☐ Extended Term ☐ Special Event (Date(s) requested _____)

Purpose of Rental: _____

Specific Requests (i.e. special equipment, lighting, etc.): _____

References: (three required - please provide name, address and phone number for each)
(for extended term only)

1. _____

2. _____

3. _____

Financial Institution: (please provide officer name, address and phone number) - Extended Term Only

Building Rates - Special Events

Security Deposit - \$75

Building Rental - \$85/day per room
\$65/half day per room
\$20/hour - conference room

Building Rates - Extended Term

Security Deposit - Equal to two month's rent due at lease signing

Office Rental - Approximately \$0.75/sq ft per month

Additional Terms - See lease agreement for additional terms and costs

OFFICE USE ONLY

Date deposit received _____ Amount _____ Check # _____

Date deposit returned _____

Date payment received _____ Amount _____ Check # _____