



FACILITY & EQUIPMENT

\$100 RENTAL DEPOSIT

PARKS & RECREATION DEPARTMENT

Romeoville Recreation Department • 900 W. Romeo Rd., Romeoville, IL 60446 • (815) 886-6222 • www.romeoville.org

REFER TO FACILITY RENTAL AGREEMENT FOR RENTAL POLICIES

CASH DEPOSITS must be picked up by the Lessee between 4 and 10 business days after the rental (____ / ____ / ____) thru (____ / ____). A state-issued photo ID is required to pick up the deposit and a copy will be kept on file. If the deposit is not picked up after the 10th day, a check will be requested to refund the deposit as long as no damage was incurred and the Lessee did not exceed the rental time according to their Facility Rental Agreement. A check will be made out in the name of the Lessee. Please note that checks take four to six weeks to process.

CREDIT CARD DEPOSITS will be credited four to ten days after the rental as long as no damage was incurred and the Lessee did not exceed the rental time according to their Facility Rental Agreement. A credit will be issued to the original credit card used for the rental and will appear based on the individual credit card company's policy.

Last 4 digits of credit card: _____ Expiration Date: ____ / ____

After 90 days of the transaction, refunds will be issued by check.

CHECKS are **NOT** accepted for facility rental deposits.

Lessee's Initials	Name of Room/Facility: _____ Date of Rental: ____ / ____ / ____
	Lessee Name: _____ Phone Number: (____) ____ - ____ (Lessee must be the same individual signing the Facility Rental Agreement)
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<p>Room Rental: Please call 5 days in advance with changes to room setup (815) 886-6222.</p> <p>Deposit: Will be authorized for refund between 4 and 10 business days after the rental date and once the rented space has been inspected to ensure cleanup was complete, no damage is present to the property, and all equipment, keys, FOB, etc. are returned.</p> <p>Keys/FOB: a copy of the Lessee's state-issued ID or driver's license must be left at the Recreation Center until the key/FOB is returned. Keys for rentals must be returned no later than 9:30am following the day of the rental</p> <p>Equipment: A copy of the Lessee's state issued ID or driver's license must be left at the Recreation Center until all borrowed equipment is returned. Items must be returned no later than 9:30am following the day of the rental. Checklist for all equipment must be completed and verified when returned.</p> <p>Inflatable Deposit: An additional \$100 deposit and \$75 fee is required for inflatables. An application for an inflatable must be completed and a copy of insurance must be provided <u>14 days</u> in advance of rental.</p> <p>Key/FOB Entry: For rentals at the Fire Department, keys/FOBs can be picked up <u>1</u> day in advance of rental and must be returned to the Fire Department <u>1</u> day after rental.</p>

DEPOSIT REFUND:

____ / ____ / ____ Date cash picked up _____ (Initials)

Attach copy of Lessee's state-issued ID

____ / ____ / ____ Date credit card refunded _____ (Initials)

____ / ____ / ____ Date refunded check requested _____ (Initials)

EQUIPMENT RENTAL

Attach a copy of the Lessee's state-issued ID to the form before equipment can be distributed.

EQUIPMENT PROVIDED

1. Nancy Aldridge Pavilion - Shuffleboard Equipment

Customer
Initials

16 Bags
 8 Discs
 4 Shuffleboard Cues (sticks)

2. O'Hara Woods - Bean Bag Equipment (2 sets available)

Customer
Initials

8 Bean Bags (1 set)
 8 Bean Bags (1 set)

3. Other (please list park name, quantity, and items):

Customer Initials	Park Name	Qty	Description of Equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Equipment Provided (Front Desk initials - print)			Date Equipment Provided: <input type="text"/> / <input type="text"/> / <input type="text"/>

EQUIPMENT RETURNED

All items returned and in the same condition: YES NO

If NO, please describe:

Lessee's Signature

/ /
Date

Equipment Returned (Front Desk initials - print) Date Equipment Returned: / /