



**OFFICE OF THE SELECTMEN**

30 PAYSON HILL ROAD, PO BOX 163

RINDGE, NH 03461

Tel. (603) 899-5181 Fax (603) 899-2101 TDD 1-800-735-2964

**RENTAL OF TOWN PROPERTY  
Meeting House / Town Hall**

Applicant's Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Rental Date: \_\_\_\_\_  
Purpose of Rental: \_\_\_\_\_ Time (From): \_\_\_\_\_ (To): \_\_\_\_\_  
Number Attending: \_\_\_\_\_ Capacity Limitation: 150

**Rental Fees / Service Costs**

\_\_\_\_\_ Official Governmental Boards, Committees and Commissions **No Charge**  
\_\_\_\_\_ Community or Charitable Organizations: \$2M Certificate of Insurance Mandatory **No Charge**

(Stipulation: All renters must have the Town of Rindge listed on the Certificate of Insurance as **Additional Insured** which relieves the Town of all legal liabilities.)

\_\_\_\_\_ Residents: \$2M Certificate of Insurance Mandatory **Rental Fee: \$50.00** \_\_\_\_\_  
(Stipulation: All renters must have the Town of Rindge listed on the Certificate of Insurance as **Additional Insured** which relieves the Town of all legal liabilities.)

\_\_\_\_\_ Non-Residents: \$2M Certificate of Insurance Mandatory **Rental Fee: \$75.00** \_\_\_\_\_  
(Stipulation: All renters must have the Town of Rindge listed on the Certificate of Insurance as **Additional Insured** which relieves the Town of all legal liabilities.)

\_\_\_\_\_ Security/Damage Deposit (Refundable: Submit separate check) **Deposit Fee: \$50.00** \_\_\_\_\_  
(Stipulation: The renter must leave the hall in the same condition it was in prior to Rental, including the removal of all rubbish accumulated during said function. The Deposit will be refunded following inspection of the hall.)

\_\_\_\_\_ Key Deposit (Please submit separate check) **Deposit Fee: \$10.00** \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

Rental Fee: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date Received: \_\_\_\_\_

**There is an additional fee for use of the kitchen and vestry. Please see reverse page.**

I have read the regulations stipulated on the reverse side of this form and agree to abide by said regulations as set forth by the Town of Rindge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Responsible/Insured Party

Rental Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Town Official's Signature