

Fairfield Parks and Recreation Department Sound System Rental Form



Contact Person

Phone Number

Address

Apt/Box

City/State/Zip

Equipment Rented:

Rental Fee

Payment Method: Cash Check

Deposit Charge

Payment Method: Cash Check

Date Checked Out

Date Returned

Time Checked Out

Time Returned

It is understood that this equipment will be returned to the Fairfield Park Recreation Department in the same condition it was when it was rented out, or my deposit will be forfeited.

Customer Signature

Date

Staff Signature

Date

For Office Use Only

Comments on condition of returned equipment:

Staff Signature

Date