

City of Perry

*203 W. Polly St.
Perry, MI 48872*



www.perry.mi.us

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Hearing Impaired: 711*

RENTAL DEPOSIT FORM

To reserve the facilities, a \$ _____ security deposit is required to hold the date you have requested.

Rental Date: _____ Facility Rented: _____

I, _____ authorize the City of Perry to charge my debit/credit card number provided below in the amount of \$_____. In the event the facilities are not cleaned as required and/or there are damages to the premises, building, equipment and/or grounds caused by the applicant's use, the deposit will be processed in the amount stated above.

I also understand that a 3 % Service Fee is added when my debit/credit card is charged.

I understand that a City of Perry representative will inspect the grounds rented after my use and will contact me to discuss any infractions on my part.

Card Holder's Name: _____

Card Number: _____ Expiration Date: _____ CVV: _____

Signature: _____ Date: _____

Reviewed by: _____ Date: _____