



**Memorial Hall Rental Application**  
**715 Railroad St., Downs, KS 67437**  
**(785) 454-6622; fax (785) 454-6246**  
[cityclerk@cityofdowns.com](mailto:cityclerk@cityofdowns.com)

This lease made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between the City of Downs, Kansas, hereinafter referred to as lessor, and

Lessee: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address/City: \_\_\_\_\_ Rental Fee: \_\_\_\_\_  
 Rental Date(s): \_\_\_\_\_ Key Deposit: \_\_\_\_\_  
 Rental Hours: \_\_\_\_\_ Security Deposit: \_\_\_\_\_  
 Purpose: \_\_\_\_\_ Total Payment: \_\_\_\_\_

Portion of Premises Required:     Front Room Only         Entire Hall

Rental Fees:

<b>FOR PROFIT</b>		<b>NON-PROFIT</b>		<b>DEPOSITS</b>	
Entire Hall/Day	\$200	\$150		Key	\$20
Front Only/Day	\$100	\$100		Security	\$100
Weekend Rate	\$400	\$400			

**\*\*Security deposit will ONLY be refunded AFTER a complete inspection by a City of Downs employee**

\_\_\_\_\_  
 Lessee

City of Downs by \_\_\_\_\_, City Clerk  
 Lessor

Under no circumstances will City Personnel or Council Members provide the key during non-working hours.

For Office Use Only:		
Key # _____	Issued on _____	Issued to _____
Security Deposit Received: _____		
Key Deposit Received: _____	Total Received: _____	
Security Deposit Refunded on: _____	in the amount of \$ _____ by check _____	