

IT IS THE RESPONSIBILITY OF THE RENTER TO PICK UP THE KEYS AT THE EXTENSION OFFICE DURING REGULAR BUSINESS HOURS:

RENTAL GUIDELINES & CONTRACT

CHAMBER OF COMMERCE ANNEX MEETING ROOM

MONDAY – WEDNESDAY 8:00 A.M – 5:00 P.M. CLOSED 1:00-1:30P.M.

THURSDAY 8:00 A.M.- 5:30 P.M. CLOSED 1:00-1:30P.M.

FRIDAY 8:00 A.M.- 1:30 P.M.

I, _____ **HEREBY ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT IN ITS ENTIRETY AND WILL ABIDE BY ALL PROVISIONS HEREOF.**

I HAVE REQUESTED THE CHAMBER OF COMMERCE BUILDING

**TO BE RESERVED FOR THE DATE(S) OF _____
FOR USE DURING THE HOURS OF: _____**

SIGNATURE OF RESPONSIBLE PARTY

Deposit Paid: _____

Rent Paid: _____

Name of Organization (if applicable)

Address

City

State

Zip

Telephone Number

Alternate Phone Number

Security Officer: Contact Name _____
Phone # _____

Please detach this sheet and return it to:

**Texas AgriLIFE Extension
411 N. Wells, Room 111
Edna, Texas 77957
(361) 782-3312-Phone
(361) 782-9258-Fax**