

**THE WRIGHT BUILDING
1006 PORT NECHES AVENUE
PORT NECHES, TX 77651**

APPLICATION FOR RENTAL

**** PLEASE PRINT****

_____ Date of Function

Responsible Party/Organization: _____

Address: _____
Street City State Zip Code

Phone Numbers: Home: _____ Work: _____ Cell: _____

Type of Function: _____ Estimate No. Guest: _____

_____ Date of Function Day of Week Actual Time Function Begins

**Please indicate if any alcoholic beverage (such as beer, wine, champagne, etc.) will be on premises
_____ yes _____ no

Mail Deposit Refund to:

Name: _____

Address: _____

City/Zip: _____

****** NO DEPOSIT REFUNDS ON CANCELLATIONS******

I have received and agree to all RULES AND REGULATIONS of The Wright Building, including payment for any loss or damage to this facility resulting from the behavior and/or negligence of myself, my agents, or anyone attending this event. Further, I agree to indemnify and hold harmless the City of Port Neches from and against any and all expenses, losses, liabilities, damages, claims, and demands whatsoever arising out of the use or operation of The Wright Building.

Signature of Applicant: _____ Date: _____

*****Do Not Write Below this Line*****

Balance			
Application & Deposit:	\$ _____	Received on: _____	Receipt No. _____
Balance Due on: _____	\$ _____	Received on: _____	Receipt No. _____
Total Amount Paid	\$ _____		
Police			
Given Form for Police Officer:	Date: _____	By: _____	Returned Date: _____
Keys			
Key Picked up on: _____	Name: _____		Returned Date: _____
Deposit Refund			
Recommendation for Deposit Refund:	Date: _____	By: _____	

Approved:

City Manager Date _____

Mail Deposit Refund to:

Name: _____

Address: _____

City/Zip: _____