

W1195 Marietta Ave., P.O. Box 109, Ixonia, WI 53036 Phone: (920) 261-1588 · Fax (920) 261-8988 · Email: townhall@townofixonia.com			
		Park Rental Fo	
Submission of this	s form constitutes acknowl		f the conditions and regulations herein noted.
Rental Date:		Event:	Time:
	o you wish to rent – a Firemen's Park	- (circle one): Ski Slide Park	Softball/Hardball Concession
Renter Name	(please print):		
Street Addres	ss, City, State, Zip: _		
Cell Phone N	umber:		
			the fee and signature of Town Clerk. The person ages to property on date of rental.
(Renter's Initials) * Responsibilities for cleanup of bathrooms, kitchen and pavilion are attached to this agreement.			
(Renter's Initials) * Renter understands if key is not returned on next business day or if facility is not cleaned up or locked up or lights turned off – Deposit will be forfeited.			
(Renter's	s Initials) * This agreement	is effective upon payment c	f the fee and signature of the Town Clerk.
		<mark>in the park</mark> . (Town of Ixo I THE PARK was amended in	nia ordinance Chapter 9.17 USE OF TOWN PARKS as 2021).
Today's Date	:	_ Applicant Signatu	re:
****	*****	*****	*****
Fee Amount:	\$125.00 for rental of	Firemen's Park Pavilion	Bathrooms and Kitchen n, Bathrooms and Kitchen I/Softball Pavilion and Bathrooms
a full refund. No	/Refunds: Cancellation	ons must be made at least less than 14 days prior to	14 days prior to the reservation date to receive the reservation date or for special services
	-		ick of the park key. Key is to be which the deposit amount will be
	Payments are paya	able to: Town of Ixon	ia
Mail to: P.O. Box 109, Ixonia, WI 53036			
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Amount Paid:	\$	Check/Cash:	