

# CITY OF AUBURN

Mayor – TOM BEROLA  
City Clerk – BETHANY SPONSLER  
City Treasurer – PENNY WILLIAMS

First Ward  
JOSEPH MARQUIS  
JACK CRISSEY

Second Ward  
BEN ROYER  
JASON GARRETT

Third Ward  
LARRY HEMMERLE  
SCOTT SHEPPARD

Forth Ward  
ROD JOHNSON  
DAN PARRISH

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## CITY OF AUBURN, ILLINOIS East Park – Cook Shack Rental Agreement

I, the undersigned, do hereby agree to the terms set forth in this agreement:

1. A \$50.00 deposit must be paid within (1) week of reserving the East Park-Cook Shack.
2. The rental agreement entitles the renter to East Park Pavilion and Cook Shack ONLY and does not entitle the renter to the entire park. Other individuals may be present in the park at the time of the event as long as they are not interfering with the Pavilion and/or Cook Shack.
3. I agree to pay for or replace any items ruined or damaged during my use of this building because of negligence on my part or on the part of my guests.
4. The following list of items MUST BE completed **before** leaving the building:
  - All floors are washed and cleaned
  - Bathrooms are cleaned
  - All electrical items and lights are turned off prior to departure
  - All doors to buildings / restrooms are locked and secured prior to departure
  - Return key to the City Office on your way home. A drop box is available on the west side of the building
5. All activities and clean up must be completed by 12:00 a.m. (midnight)
6. Renters must fully comply in order to receive a refund in the amount of \$25. If any portion of the contract is not followed, the deposit will be forfeited, a \$100 fee may be imposed, and future use of the building will be forfeited. Failure to pay the \$100 fee within 30 days (if charged) will result in gas and water utilities being turned off at the address listed below (if within Auburn).
7. The keys must be picked up during city office working hours, Monday-Friday, 7:30am-4:00pm. THE KEY MUST BE PICKED UP ON \_\_\_\_\_.
8. Cancellations less than 24 hours prior to the event only receives a \$25.00 refund. Full deposit will be returned ONLY if cancellation is made more than 48 hours in advance

Date of use \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

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**FOR OFFICE USE ONLY:**      Deposit Amount Paid \_\_\_\_\_      Date Paid \_\_\_\_\_

Key # \_\_\_\_\_ Key Given To \_\_\_\_\_ Date Given \_\_\_\_\_ Date Returned \_\_\_\_\_

Refunded \$ \_\_\_\_\_ on \_\_\_\_\_ by check # \_\_\_\_\_

324 W. Jefferson, Auburn, Illinois 62615

Telephone: (217) 438-6151

Fax: (217) 438-2831