Instructions: Please provide your address and date of rental. This form may be completed while viewing on your computer and then printed or it may be printed and filled out by hand. Please mail, fax, or bring the form to the Town Hall.

TOWN OF LEWISBORO
POST OFFICE BOX 500
SOUTH SALEM, NY
10590

Do Not Write In This Box

Audit Date	
Claim	
Appropriation: TA 0000.0670.0002	
Special Account	$500.00

CLAIM

Parks & Recreation Department

Please fill in your name and the address where the check should be mailed.

Return of security for the use of the Onatru Farm House which was rented on _____.

A separate check in the amount of $500.00 deposit will be returned after the event.

Claimant's Certification

I understand that my deposit will be returned after my event provided that:
1) the Onatru Farm House was clean and without damages
2) the trash was removed
3) the key was returned to the Parks & Recreation Department

Date: 3/24/2014 _
Signature

Receipt Number: _ _ _ _ _ _ _ _ _ _ _ _ Dated: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

(Space below for Town Use)

The above services or material were rendered or furnished to the Town of Lewisboro on the dates stated and the charges are correct. DATE: _ _ _ _ _ _ _ _ Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Parks & Recreation	I hereby certify that this claim was audited and approved by the Town Board On _ _ _ _ _ _ _ _ 20 _ _ _ _ _ _ _ Parks & Recreation