CITY OF ELLSWORTH SHELTER HOUSE RENTAL WALK-THRU LIST

Appointment Date:		Time		
Event	Date————	_ Event		
Name	of Responsible Party			
Note if	any damage is found pric	or to event held that	Renter will not be held	responsible for:
>/		City of Ellsworth) pro	operty and/or custodial o	ted with unreasonable wear costs required due to leaving
>	· · · · · · · · · · · · · · · · · · ·	e. This means: NO D	UCT TAPE, NO SCOTCH	e made to the walls, ceiling, TAPE, NO NAILS, NO TACKS,
>	In Addition, No Glitter, no metal or glass conta FOR DANCING	•	FLAMES (candles must b ND OR SALT ON THE FLO	
	rstand that with my signat attached check-out list. F	•		d for completion for all items of my deposit.

Date

Signature