



Harbour Isles Community Development District (CDD)

121 Spindle Shell Way • Apollo Beach, FL • 33572

Phone: 813-645.6108 • Fax: 813-645

Facility Rental Agreement

Resident Name:		Date Reserved:	
Type of Party:		Number of Guests:	
Today's Date:		Address:	
Home Phone:		Cell Phone:	
Home Phone:		Email:	
Deposit Information	Check #:	Amount:	Date Received:
Rental Fee	Check #:	Amount:	Date Received:
Full Refund: _____	Partial Refund: _____	Date Submitted:	CDD Rep:
Comments:			

Time Information:

Saturday, Sunday & Weekday Rental: *(Choose a 4 hour period between 9am - 5pm):* _____

Rental Policies Provisions governing use of the District's facilities, as detailed in the ***Common Property Policies and Forms***, are incorporated herein by reference. ***In addition (please read and initial next to each item):***

- The facility shall be left in the same condition it was found prior to the event. _____
- You may not exceed the time you are allotted. _____
- The allotted time includes set-up and clean-up _____
- Renter must supply all kitchen products. This includes: plates, napkins, cups, etc. Harbour Isles CDD will provide cleaning supplies and garbage bags. _____
- Alcohol is prohibited. _____
- Grilling is prohibited. _____
- Attendance in excess of twenty-five (25) persons with a maximum of thirty-five (35) persons will require additional staff at a rate determined by the Property Manager, the cost of which must be paid in advance of the event. _____
- I understand that I am responsible for any damage or change in the condition of the facility, including restrooms, caused by my guests or event. I also agree to be responsible for the conduct of my guests and understand that the rental of the above-mentioned room does not include use of the full facility. _____
- The use of the pool facilities and all other amenities are NOT included in the rental of the room. _____

I have fully read and understood all of the above rules and regulations concerning my facility rental at Harbour Isles. I also understand that any violation of said contract or District policies may result in partial or full forfeiture of my deposit.

Resident Signature

Harbour Isles CDD Representative Signature