



POLICE DEPARTMENT
Town of Duxbury
Commonwealth of Massachusetts



Stephen R. McDonald
 Chief of Police

Michael A. Carbone
 Deputy Chief

www.duxburypolice.org

Training Room Rental Agreement

Group or Business Name (Lessee):	
Contact Name:	
Email:	Telephone:
Rental Date(s):	
Rental Start Time:	Rental End Time:
Event Purpose and Description* if more space needed use back of page:	

This signed rental agreement and check or money order made payable to Town of Duxbury (if applicable), is required to reserve the Training Room.

I have read, understand and will honor all rental terms and conditions of this rental agree agreement, including the rental guidelines outlined in page 2. I understand that any violation of this rental agreement or its guidelines may result in the loss of permission to use this room in the future.

Lessee	Duxbury Police Department
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

If claiming nonprofit status, please provide Tax Id #: _____

Check or Money Order Number: _____