



**Island Cabin
Weekly Rental Agreement**

Contact Address:
P.O. Box 1934
Eau Claire, WI 54702

This Lease is made on ___/___/___ by and between Floods Island the Lessor and:

Name: _____

Address: _____

Phone: _____

Driver's License # _____

as Lessee

The term of this lease shall begin on ___/___/___ and shall end on ___/___/___ at time of check out. This lease pertains to the property address of: 641 26th Street, Chetek, WI 54728.

Lessee hereby agrees to pay Lessor the sum of \$1,800 per week. Payable as follows:

A non-refundable deposit of 50% (check or money order) is due in advance with the return of this form, and the balance due upon arrival. Lessee will be responsible for any damages to property during the term of this Lease.

It is understood and agreed between the parties that the premises shall be used and occupied for leisure/vacation and for no other purpose without the prior written consent of the Lessor. Lessee agrees that it will not use or permit any person to use the premises for any purpose in violation of the laws of the United States, the State of Wisconsin, or of any other lawful authorities.

There is a maximum allowance of eight adults occupying premises per agreement.

Please indicate number to people in your party.

___ Adults ___ Children

No smoking in Cabin – No pets allowed.

Lessor:

Floods Island Management

Lessee
