

TraverseCityChalet

RENTAL AGREEMENT

This agreement, entered into on _____ by and between

Glenn and Carol Domeracki and _____

hereinafter called respectively Lessor and Lessee.

WITNESSETH; That for and in consideration of the payment of the rents and the performance of the covenants contained on the part of the Lessee, said Lessor does hereby demise and let unto the Lessee, and Lessee hires from Lessor for use as a residence those certain premises described as TraversecityChalet located at 3721 Peninsular Shores Grawn, MI

for a tenancy from week-to-week commencing on _____

to _____ for a total rental of _____,

50% deposit to be submitted with this agreement balance payable in advance by the first Monday preceding occupancy.

It is further mutually agreed between the parties as follows:

1. Lessee shall not violate any city ordinance or state law in or about the premises.
2. Lessee shall not sub-let the premises, or any part thereof, or assign this agreement without the written consent of the Lessor.
3. Lessee, in case of fire or theft, shall give immediate notice thereof to the Lessor or agent of same.
4. Lessee must not make any alterations to said premises.
5. If legal action takes place or must be instituted by Lessor, Lessee agrees to pay all costs, expenses and to pay all attorney's fees, as the court may affix.

CHECK IN TIME 16:00

DATE _____

CHECK OUT TIME 11:00

DATE _____

Cooking utensils, kitchen equipment, linens and bedding are furnished.

A non-refundable deposit of 50% in advance is required to reserve you week(s).

A refundable \$200.00 cleaning deposit is required at the time of check-in.

This deposit will be refunded within 2 weeks of end of occupancy. If cleaning expenses must be incurred by Lessor to restore the premises to the condition they were in at the time of Lessee's occupancy, the amount necessary for said restoration will be deducted from the cleaning deposit and the balance, if any, will be refunded to Lessee.

Credit cards accepted for deposit and payment security. (V/MC/Am ex)

Amount: \$ _____ for _____ (Deposit, payment, cleaning)

Card No/ _____

Exp Date: _____ CCV ____ (3 digit)

_____ Date | _____

Glenn and Carol Domeracki Print | _____

_____ Sign | _____

Lessor

Lessee

Please return completed form and deposit to:

Glenn & Carol Domeracki
3713 Peninsular Shores Dr
Grawn, MI 49637

glenn@traversecitychalet.com

Home: 231-276-8043

Fax: 231-276-0107