

Village of La Rue

PO BOX 33

La Rue OH 43332

Phone # (740) 499-2100 Fax # (313) 557-6505

Board of Public Affairs Agreement

Lessor's Name: _____

Lessor's Address: _____

Lessor's Phone Number: _____

Address to be leased: _____

Lessee's Name: _____

Lessee's Address: _____

Lessee's Phone Number: _____

By signing this document I acknowledge that I have received a copy of the Board of Public Affairs Rules and Regulations, and I agree to follow the rules and regulations therein. This includes, but is not limited to, being responsible for any outstanding water and sewer service debt upon the vacating of the property by the lessee.

Lessor's Signature

Date