

COFFEYVILLE CHAMBER OF COMMERCE RENTAL LISTINGS

Street Address of Rental Unit: _____

House _____ # of Rooms _____

Apartment _____ # of Bedrooms _____ Pets Allowed _____

Other _____ Furnished _____ Unfurnished _____

Type of Heat _____ Type of Air-Conditioner _____

Wired for 220 _____ Garage: _____ Off Street Parking _____

Monthly Rental \$ _____ Length of Lease _____

Deposit _____ Utility Bills Paid _____

Will be available _____

References Required _____

Person to Contact _____

Address _____

Phone _____

Notes: _____

Date Listed with Chamber: _____

Information may be faxed back to the Chamber at 620-251-5448.