MONTGOMERY COUNTY AGRICULTURAL SOCIETY

INDOOR STORAGE CONTRACT

September 1, 2024 – May 2, 2025

Other Contact: Address: City: State: State: Zip: Cell Phone: Email address: Bergency Number: Driver's License #: Unit Information: Unit Year Make/Model: License Plate #: # of Feet (tonge of tall-thick to back of unit for trivet insides — High to Outdow for Board) Other Boat Travel Trailer Other Copy of the Contrete Thankins State Service Use BANDON BALLOR OR WAGEHOUSE MAN IN THE BUSINESTAND THAT ILESSOR IS A LANDLORD REVENTING SPACE FOOR THE TRANNITS SELE SERVICE USE BANDSON OR THE CONTRETE DESTAL AGREEMENT AND COPY OF THE CONTRETE DESTAL AGREEMENT AND STATES THE LESSOR IS NOT REPONSIBLE FOR LOSS OR BANDONED THEMS: I AGREE TO PAY A MINIMUM OF STATES THE LESSOR IS NOT REPONSIBLE FOR LOSS FOR THE REMOVAL OF BANDONED ITEMS FROM MY UNIT. INSURANCE IS TENANT'S RESPONSIBILIT'! I UNDERSTAND THAT THAN DEPONSIBLE TO FAY A MINIMUM OF THAT THE LESSOR ODES NOT PROVIDE INSURANCE COVERAGE ON ANY PERSONAL PROPERTY IN MY STORAGE SPACE. 10 HERE HANDLONG OF BANDONED ITEMS FROM MY STORAGE SPACE. 11 HERE HANDLONG OF BANDONED ITEMS FROM MY STORAGE SPACE. 12 DROPOFIFICE WIP PLEASE call or email to schedule pickup drop-off. SERVING SPACE. 13 Maximum Height 16' Tenant (Printed Name MCAS – Authorized Agent Signature Date	Contact Name:	
City:		
City:	Address:	
Emergency Number: Driver's License #:	City: State	:: Zip:
Work Phone:	Cell Phone:	
Unit Year	Email address:	Emergency Number:
Unit Year	Work Phone:	Driver's License #:
License Plate #:	Unit Information:	
Boat Travel Trailer Other	Unit Year Make/	Model:
Boat Travel Trailer Other	License Plate #: # of Fee	et
Rules & Regulations TENANTS STORE GOODS AT THEIR OWN RISK I UNDERSTAND THAT LESSOR IS A LANDLORD RENTING SPACE FOR THE TENANT'S SELF SERVICE USE AND IS NOT A BAILOR OR WAREHOUSE MAN IN THE BUSINESS OF STORING GOODS FOR HIRE. I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE COMPLETED RENTAL A GREEMENT AND THAT I UNDERSTAND THAT THE PROVISION THAT THAT I UNDERSTAND THAT THE PROVISION THAT STATES THE LESSOR IS NOT REPONSIBLE FOR LOSS OR DAMAGE TO PROPERTY IN MY STORAGE SPACE. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1		(Tongue of trailer/hitch to back of unit for travel trailers – Hitch to Outdrive for Boats)
STORE GOODS AT THEIR OWN RISK UNDERSTAND THAT LESSOR IS A LANDLORD	Boat Travel Trailer	Other
Date Date	TENANTS STORE GOODS AT THEIR OWN RISK I UNDERSTAND THAT LESSOR IS A LANDLORD RENTING SPACE FOR THE TENANT'S SELF SERVICE USE AND IS NOT A BAILOR OR WAREHOUSE MAN IN THE BUSINESS OF STORING GOODS FOR HIRE. I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE COMPLETED RENTAL AGREEMENT AND THAT I UNDERSTAND THAT THE PROVISION THAT STATES THE LESSOR IS NOT REPONSIBLE FOR LOSS OR DAMAGE TO PROPERTY IN MY STORAGE SPACE. ABANDONED ITEMS: I AGREE TO PAY A MINIMUM OF \$50.00 OR THE ACTUAL COST, IF GREATER THAN \$50.00 FOR THE REMOVAL OF ABANDONED ITEMS FROM MY UNIT. INSURANCE IS TENANT'S RESPONSIBILTY: I UNDERSTAND THAT THE LESSOR DOES NOT PROVIDE INSURANCE COVERAGE ON ANY PERSONAL PROPERTY IN MY STORAGE SPACE.	 6) LATE PAYMENTS/ NOTICES: I UNDERSTAND THAT PAYMENTS IN FULL IS DUE UPON ARRIVAL OR IN ADVANCE TO RESERVE A SPOT 7) I AGREE THAT PAYMENT IN FULL IS DUE UPFRONT. 8) I AGREE TO PAY \$2.50 PER FOOT PER MONTH FOR BOATS AND TRAVEL TRAILERS. (Minimum fee of \$35/month). 9) I AGREE TO HAVE THE ITEMS REMOVED FROM THE STORAGE AREA NO LATER THAN MAY 2, 2025. \$20 fee per day after May2nd 10) I FULLY UNDERSTAND THAT NO RENTAL REFUNDS WILL BE MADE FOR EARLY REMOVAL FROM STORAGE. STORAGE IS CONSIDERED DEAD STORAGE. NO ACCESS TO UNIT WHILE IN STORAGE 11) Batteries/Propane: All batteries must be removed or disconnected prior to storage and only a minimum amount of propane in tanks will be permitted 12) Dropoff/Pick up: Please call or email to schedule pickup/drop-off. Staff/barns may be unavailable if you do not schedule in advance. 13) Maximum Height 16'
For Office Use Only: Barn#	Tenant (Printed Name	
Barn# Date In: Date Out Comment: Initial Payment: \$ SR# Date: Amount\$ SR#		
	**	Date Out Comment:
	Initial Payment: \$ SR#	Date: Amount\$ \$R#

1) 2)

3)

4)

5)