

MONTGOMERY COUNTY AGRICULTURAL SOCIETY

INDOOR STORAGE CONTRACT

September 1, 2024 – May 2, 2025

Contact Name: _____

Other Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email address: _____ Emergency Number: _____

Work Phone: _____ Driver's License #: _____

Unit Information:

Unit Year _____ Make/Model: _____

License Plate #: _____ # of Feet _____

(Tongue of trailer/hitch to back of unit for travel trailers – Hitch to Outdrive for Boats)

Boat _____ Travel Trailer _____ Other _____

Rules & Regulations

- 1) TENANTS STORE GOODS AT THEIR OWN RISK
- 2) 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.
- 3) 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 REPOSNSIBLE FOR LOSS OR DAMAGE TO PROPERTY IN MY STORAGE SPACE.
- 4) 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.
- 5) 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'**

Special Conditions: _____

Tenant (Printed Name)

MCAS – Authorized Agent Signature

Tenant (Signature)

Date

For Office Use Only:

Barn# _____ Date In: _____ Date Out _____ Comment: _____

Initial Payment: \$ _____ SR# _____
Months: _____ thru _____

Date: _____	Amount\$ _____	SR# _____
Date: _____	Amount\$ _____	SR# _____