



GRUNDY COUNTY SWCD SURVEY EQUIPMENT USE AGREEMENT

I, the Renter and User of the Survey Equipment, agree to the following conditions:

USAGE FEE:

There is a usage fee of \$15.00 for use of the equipment, up to one week. Payment is due upon return of the equipment and inspection for damages. An additional 1.5% will be charged if not paid within 30 days. After 30 days, future cost-share will be denied until bill is paid.

DEPOSIT REQUIRED

- A **\$100.00** damage deposit is required before using this piece of equipment.
 - ***The deposit will be held after return of equipment for up to 10 days for damage inspection.***
 - If there is damage beyond normal wear and tear the repair costs will be taken out of the deposit. The remainder will be returned to the renter or billed for the balance.

If bills are not paid within 30 days, the deposit will be forfeited.

SCHEDULING:

Priority for use of the survey equipment will be given to the person who has paid a deposit and is ready to use it.

District employees can refuse the use of equipment in the user's field if not suitable or based on past rental history.

AGREEMENT

- *I accept all liability for the equipment and any damages to others while I have it.*
- *I agree to indemnify and hold Grundy County SWCD, their supervisors and employees harmless from and against any and all claims liabilities, losses, injury, costs and out of pocket expenses (including attorney's fees) arising out of, or in connection with the equipment leased.*
- *I understand and agree to the conditions of this contract and will pay the charges requested by the Grundy County Soil and Water Conservation District.*

We require the deposit check and the rental fee to be paid by the individual signing the equipment agreement.

Renter's Signature: _____ Date: _____ Phone: _____

Print Name _____ Estimated date(s) of use: _____

Address _____

For Office Use:			
_____	_____	_____	_____
Damage Deposit/Ck. #	Date Received	Received by	Date deposit returned

INSPECTION:			
_____		_____	
Inspected by		Date of inspection	
Damage Found: _____			
Estimated repair Expense: _____			
Rental Rate:			\$15/week
# Days Used:		_____	
Estimated Damages:		_____	
Minus Deposit:		_____	
Balance Due:		_____	
_____		_____	_____
Received by		Check number	Date
Receipt # _____			