Manure Spreader Rental Agreement

#_____

DEPOSIT REQUIRED: 50% of estimated rental cost of using the manure spreader. Deposit refunded in the case of non-use.

RENTAL RATE: $150.00/first day, $50.00 each additional day with a maximum of 3 days rental at one time. If equipment is not needed, landowners may rent past the 3 days maximum with the rental rate starting over.

PAYMENT POLICY: Rental fees will be paid in full within 30 days of billing date. There will be a 1.5% interest charge on balances not paid within the 30 days. If not paid within 90 days there will be no further rental of any equipment and you will not be able to participate in any cost-share programs until the balance is paid in full.

GENERAL CONDITIONS:

1. Equipment will come back serviced (greased) and thoroughly cleaned inside and out or a $200.00 fee will be included in rental price. .
2. The renter will pay for any breakage other than normal wear and tear.
3. The Linn County SWCD office must be notified before the manure spreader is released from one renter to another by calling 660-258-5732 Ext. 3.
4. The renter understands that they are liable for the Manure Spreader once it is attached to their vehicle.

I (renter) will not hold the Linn County Soil and Water Conservation District, Natural Resources Conservation Service, their supervisors or employees responsible in any way for damages or losses that might, in any way, result from the use and/or cleaning of the manure spreader. Furthermore, I specifically agree to accept all liability with respect to the manure spreader while in use. I will pay the charges listed above, and I understand and agree to the conditions of this agreement. I also acknowledge that the equipment has been examined prior to rental and is in good condition.

_____ _____ _____

Signature of Renter Phone Date

_____

Address City State Zip Code

$_____ _____ _____

Deposit Date Received Received by

_____x ($150/first, $50.00/2nd & 3rd) = $_____ + _____ - _____ = _____

Days Rental Fee Service Fee Deposit Balance Due

Dep Check# _____

Check#_____

Receipt #_____

_____

Date Paid

Service Fee Description_____