

**WARRICK COUNTY SWCD**

**DISTRICT EQUIPMENT/LIABILITY RELEASE FORM**

**AND TAX EXEMPTION CERTIFICATE**

FORM MUST BE COMPLETED PRIOR TO ASSUMING RESPONSIBILITY OF THE EQUIPMENT

\_\_\_\_\_, AM LEASING THE DISTRICTS' \_\_\_\_\_ FOR THE FOLLOWING PURPOSES: \_\_\_\_\_.

I WILL PAY A DEPOSIT IN THE AMOUNT OF \$100.00 DIRECTLY TO THE SWCD OFFICE. I UNDERSTAND I WILL BE RESPONSIBLE FOR A \$60 PER DAY MINIMUM CHARGE ON THE NO-TIL DRILL AND THE HARROW. THE RECEIPT WILL BE HELD AT RUDOLPH IMPLEMENTS UNTIL THE EQUIPMENT IS RETURNED. I WILL RETURN THE RECEIPT TO THE SWCD OFFICE FOR DETERMINATION OF FINAL EQUIPMENT RENTAL CHARGES. I ANTICIPATE RETURNING THE EQUIPMENT ON DATE: \_\_\_\_\_.

**I understand I am responsible for this equipment while it is in my care, custody and control.**

I also understand that I am responsible :

- To perform an inspection of the equipment for damage prior to taking it into my possession and to report any damage to the District office immediately.
- To report the number of acres actually covered, to the District when I return the equipment
- To assume responsibility for any repairs due to my negligence or use, excluding ordinary wear and tear, while the equipment is in my possession, and I will return the straw blower with a full tank of gas.
- To assume responsibility for any liability caused while moving equipment on the road.
- To use extreme caution when moving on the road to avoid damage caused by dropping into ditches along the road edge.
- To be responsible for the transport of the equipment from a previous job, or to and from the designated holding areas.

For office use only:

Phillips Harrow @ \$9/acre/\$60

daily minimum

Acre reading count \_\_\_\_\_

Finn Straw Blower @\$25/hour

Hour reading count \_\_\_\_\_

Rowse Pan @ \$60/day

Days Used \_\_\_\_\_

Box Scraper@\$60/day Hour

reading count \_\_\_\_\_

No-til drill @\$12/acre/\$60

daily minimum

acreage count \_\_\_\_\_

**PAYMENT IS DUE TO THE SWCD OFFICE UPON PRESENTATION OF DEPOSIT RECEIPT TO OFFICE STAFF**

Checks made payable to: Warrick County SWCD

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St./

Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

DATE SIGNED \_\_\_\_\_ DATE RETURNED \_\_\_\_\_