



4720 ST. HWY. 30, AMSTERDAM, NY 12010  
518-842-1322 (P) • 800-283-2941 (Toll Free) • 518-843-7003 (F) • info@adirondackseptic.com

RENTED TO: (name and address)

PHONE:

NUMBER OF UNITS:

RENTAL DATE:

RENTAL RATE:

We have provided a space below for you to use for **SPECIFIC** directions for delivery (house color; house # on mailbox &/or house; nearest cross road, etc.) and for **PLACEMENT** of the portable toilet on the property. Please keep in mind that the delivery truck is quite heavy and since we respect your property and do not wish to damage it we ask that you keep this in mind when deciding on placement of the portable toilet. Thank you.

1. The customer agrees to pay all invoices arising out of the rental charges for the portable toilets and special services herein before the date specified on this contract.
2. ATTENTION CONTRACTORS: Charges are incurred on a monthly basis, WE DO NOT PRORATE FOR EARLY REMOVAL.
3. The customer agrees to pay such extra and overtime charges to Adirondack Septic Tank for services rendered, over and above the normal servicing schedule, on behalf of the customer.
4. THE CUSTOMER AGREES TO KEEP THE PORTABLE TOILET CLEAR AND ACCESSIBLE FOR THE SERVICE TRUCK AT ALL TIMES.
5. The customer agrees not to sell, rent, lease or otherwise give up possession of the portable toilet(S) listed herein except to Adirondack Septic Tank.
6. The customer agrees not to cause the portable toilet(s) listed to be removed from this site address without written permission or consent from Adirondack Septic Tank.
7. The customer agrees to pay for any damage to or loss of the portable toilet(s), as the insurer, regardless of cause or fault, except for reasonable wear and tear, while the portable toilet(s) are at the site address listed above.
8. The customer understands the unit value of a portable restroom is determined at time of damage or loss.
9. Customers agree to assume the risks of and hold Adirondack Septic Tank harmless for, property damage and personal injuries caused by the unit.

Please Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\* Please Print this page, fill out the necessary areas and return \*\*\*\*\*  
to Adirondack Septic Tank at the address at the top of the page**