



Muskegon County Fairgrounds

2261 Heights Ravenna Road, Fruitport

2011-2012 STORAGE RENTAL AGREEMENT

Muskegon County Fair Association

Mailing Address: P.O. Box 366 – Ravenna – 49451

Storage Manager ph. (231) 788-2221

CONTACT INFORMATION

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

STORAGE AGREEMENT TERMS

All items are rented space by the foot (*i.e. boats, trailers, farm equipment, etc.*). **Space rental charges are \$10.00 per linear foot.**

All items will be measured at the fairgrounds by the Storage Manager before being placed in the storage facilities. All items will be inspected for visible damages before being placed in storage; damage description, if applicable, will be noted on this contract. Access to stored items for maintenance is not allowed during the storage season.

Payments are due the day the space is rented, checks should be made payable to MCFA.

Storage will be accepted starting October 1, 2011.

Storage will be removed starting April 1, 2012 and all items must be removed no later than April 15, 2012.

Early removal will require a \$150 fee which is due the day the item(s) are removed.

Any items left after April 15, 2012 will be considered abandoned and become the property of the Muskegon County Fair Association.

RISK OF LOSS: *Property owner shall bear all risk of loss to the property stored, regardless of cause. Muskegon County Fair Association hereby disclaims any and all liability for loss or damage without regard to cause. Property owner shall secure and maintain such insurance, as property owner deems necessary to cover the property for loss due to negligence, weather, vermin, theft, vandalism or any other cause.*

STORAGE SPACE RESERVATION

I agree to the above terms and would like to reserve space at the Muskegon County Fairgrounds. I have approximately _____ feet of space needed. The storage will be used for _____ type of item(s). I understand the number of feet can be modified by the Storage Manager after being measured, before placed in storage.

Signature _____ Name (print) _____

Date _____

OFFICE USE ONLY

Date Item Received _____ Building Used _____

Number of Feet Used _____ Total Storage Cost _____

Check # / Cash _____

Date Item Removed _____ Early/Late Removal Charge _____