

Clay County Soil & Water  
Conservation District



551 E US HWY 40, STE. B, BRAZIL, IN 47834  
812 446-8986 Ext. 3

DISTRICT EQUIPMENT LEASING

**Prior to taking District owned equipment into your possession, this form must be completed and returned to the District for approval.**

I \_\_\_\_\_ understand that I am responsible for this equipment while it is in my care, custody, and control. I also understand that I am responsible for the following:

- To perform an inspection of the equipment for damage prior to taking it into my possession and to report any damages to the District Office immediately.
- To immediately contact the District when I pick up and return the equipment.
- To report the number of acres covered to the District, to clean out seed boxes, and clean any mud on wheels or openers.
- To assume responsibility for any repairs due to my negligence or use, excluding ordinary wear and tear, while the equipment is in my possession, letting District know of repairs.
- To be responsible for the transport of the equipment to and from a designated location and use the drop hitch when required to eliminate any press wheel damage (Note maximum speed is 20 mph).
- The SWCD Office must approve all users/uses – “Last check (deposit) on file is ultimately responsible for drill”. Signature or email/text verification guarantees liability for equipment.
- To provide to the District - **A DEPOSIT FEE OF \$100 + DRILL USAGE FEE OF \$75 FOR FIRST 15 ACRES AND \$5 PER ACRE OVER. USER WILL PAY THE DEPOSIT FEE WHEN DRILL IS PICKED UP . IF DRILL IS DAMAGED DUE TO RENTER ERROR THAT GOES OVER THE DEPOSIT FEE THE ADDITIONAL AMOUNT WILL BE ADDED TO RENTAL COST.**
- **THE DRILL IS TO BE RETURNED ON THE DAY ARRANGED OR A \$20 PER DAY FEE WILL BE CHARGED UNLESS PRIOR APPROVAL IS MADE BY CALLING 812 446-8986 EXT.3. IF SEED IS LEFT IN BOXES A \$20 CLEANING FEE MAY BE IMPLEMENTED AS WELL**

**(proof of insurance is REQUIRED)**

The following customer information is requested:

NAME: \_\_\_\_\_ DATE REQUESTED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_

TAX EMEMPT    Y    N            *If yes must fill out a form ST-105*

*The above information was reviewed and approved by \_\_\_\_\_, District representative, on \_\_\_\_\_.*

**OFFICE USE ONLY:**

**Dates equipment picked up and used:** \_\_\_\_\_ **to** \_\_\_\_\_

**DRILL READING AFTER:** \_\_\_\_\_ **Acres Actually Covered:** \_\_\_\_\_

**DRILL READING BEFORE:** \_\_\_\_\_ **AMOUNT OWED:** \_\_\_\_\_

**DATE** \_\_\_\_\_ **CHECK NUMBER** \_\_\_\_\_ **AMOUNT PAID** \_\_\_\_\_

**LEASING DRILL #** \_\_\_\_\_ **DESPOSIT RETURNED** \_\_\_\_\_