



Tree Planter (Transplanter) Rental Agreement

Date _____ Period of Use from _____ to _____
Name _____ Phone _____
Address _____

1. I agree to pay transplanter use fees of \$50.00 per day (24 hr period) in Muskegon County and/or \$75.00 per day outside Muskegon County.
2. I agree that a \$75.00 per day penalty will be charged if I keep the transplanter beyond the agreed completion date unless weather conditions prohibit use. I will notify the Muskegon Conservation District office as soon as I have finished using the transplanter, of know if a delay.
3. I understand that I will pick-up the transplanter. I have a 30-50 horsepower tractor and a 3-point hitch to pull the transplanter. The District will not be responsible for negligent use of the transplanter by the undersigned or their representative, while transplanting or using the transplanter.
4. I will be responsible for any breakage or loss of equipment/materials (beyond ordinary wear and tear expected) as determined by the Muskegon Conservation District. I will be responsible for equipment/materials clean-up and will return in as good of condition as when picked up.
5. I agree to keep safe, cover, house, or otherwise protect the transplanter and assume all responsibility for other individuals that may use the transplanter. I understand that the Muskegon Conservation District may enter my property at any time to inspect the equipment and secure the return of the transplanter.
6. The Muskegon Conservation District will not be responsible for negligent use of the transplanter by the undersigned or their representative. I will read and follow safety instruction and regulations associated with the transplanter. If materials are not supplied, I will use the transplanter in a safe manner.
7. The Muskegon Conservation District makes no warranty either expressed or implied as to the satisfactory result from the transplanter.
8. Either the Muskegon Conservation District or I may cancel this agreement upon mutual agreement in writing. The District reserves the right to schedule and alter scheduled use of transplant at the Districts discretion because of needed use in District projects, programs, and other contingencies.



Pick up date _____ Completion date _____

Condition of Transplanter (general): _____

Muskegon Conservation District

User

Make Payments to:

Muskegon Conservation District
4735 Holton Rd
Twin Lake, MI 49457