**MONTGOMERY COUNTY AGRICULTURAL SOCIETY/FAIRGROUNDS**
**INDOOR WINTER STORAGE CONTRACT**

---

**IMPORTANT NOTICE – DROP-OFF & PICK-UP**

Monday through Friday between 9:00AM and Noon and 12:30 PM and 4:00 PM.

*You **must** schedule drop-off and pick-up **in advance**.*

*Staff* and barns may be *unavailable* without an appointment.

**Contact: Madison** Phone: (937) 224-1619 x102 Email: Madison@MCOhioFair.com

---

## TENANT CONTACT INFORMATION

**Primary Contact Name:**
_____

**Other Contact Name & Cell #:**
_____

**Address:** _____

**City:** _____ **State:** OH

**Zip:** _____

**Cell Phone:**_____

**Email Address:**
_____

**Emergency Contact Number:**
_____

**Work Phone:** _____

**Driver's License #:**
_____

---

## UNIT INFORMATION

**Unit Year:** _____ **License Plate #:** _____

**Make/Model:** _____

**Length (in feet):** _____ ft × $2.50 = $ _____/month

*(Measurement: From hitch to rear for trailers, hitch to outdrive for boats)*

☐ Boat ☐ Travel Trailer ☐ Other: _____

### RULES & REGULATIONS

1. **TENANTS STORE GOODS AT THEIR OWN RISK.**
2. **NO LIABILITY:** Lessor is a landlord renting space, not a bailee or warehouseman.
3. **ACKNOWLEDGEMENT:** Tenant understands and accepts that the Lessor is not responsible for any loss or damage.
4. **ABANDONED ITEMS:** A $50 minimum fee (or actual removal cost if greater) applies to all abandoned property.
5. **INSURANCE IS TENANT'S RESPONSIBILITY.** No insurance is provided by the Lessor.
6. **FULL PAYMENT IS DUE UPFRONT** to reserve a spot.
7. **RATE:** $2.50 per foot per month. Minimum fee is $35/month.
8. **REMOVAL DEADLINE:** Items must be removed by **May 29, 2027.**
   - A **$50/day late fee** applies after May 29, 2027.
9. **NO REFUNDS** will be issued for early removal.
   - Storage is "dead storage." No access to the unit while stored.
10. **BATTERIES & PROPANE:**
    - Batteries must be removed or disconnected.
    - Only minimal propane allowed.
11. **MAXIMUM HEIGHT LIMIT:** 16 feet.
12. **SCHEDULING REQUIRED:** Drop-off and pick-up must be scheduled in advance.

---

## SIGNATURES

**Tenant (Printed Name):** _____ **Tenant Signature:**_____

**Date:**_____

**MCAS – Authorized Agent Signature:** _____ **Date:**_____

---

For Office Use Only: Barn#____4____ Date In:_____ Date Out_____

**Initial Payment:** $_____ SR#_____

Months: _____ thru _____

Date:_____ Amount$_____ SR#_____

Date:_____ Amount$_____ SR#_____