

**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: Cystyne 📞 Phone: (937) 224-1619 x102 📧 Email: cystyne@mcohiofair.com

TENANT CONTACT INFORMATION

Primary Contact Name: _____

Cell Phone: _____

Email Address: _____

Other Contact Name & Cell #: _____

Emergency Contact Number: _____

Address: _____

Work Phone: _____

City: _____ **State:** OH

Zip: _____

Driver's License #: _____

UNIT INFORMATION

Unit Year: _____

Make/Model: _____

License Plate #: _____

Length (in feet): _____ ft × \$2.50 = \$ _____

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

☐ Boat ☐ Travel Trailer ☐ Other: _____

RULES & REGULATIONS

- TENANTS STORE GOODS AT THEIR OWN RISK.**
- NO LIABILITY:** Lessor is a landlord renting space, not a bailee or warehouseman.
- ACKNOWLEDGEMENT:** Tenant understands and accepts that the Lessor is not responsible for any loss or damage.
- ABANDONED ITEMS:** A \$50 minimum fee (or actual removal cost if greater) applies to all abandoned property.
- INSURANCE IS TENANT'S RESPONSIBILITY.**
No insurance is provided by the Lessor.
- FULL PAYMENT IS DUE UPFRONT** to reserve a spot.
- RATE:** \$2.50 per foot per month. Minimum fee is \$35/month.
- REMOVAL DEADLINE:** Items must be removed by **May 30, 2026.**
- A **\$50/day late fee** applies after May 30, 2026.
- NO REFUNDS** will be issued for early removal.
- Storage is "dead storage." No access to the unit while stored.
- BATTERIES & PROPANE:**
- Batteries must be removed or disconnected.
- Only minimal propane allowed.
- MAXIMUM HEIGHT LIMIT:** 16 feet.
- 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 _____

Comment: _____

Initial Payment: \$ _____ SR# _____

Months: _____ thru _____

Date: _____ Amount\$ _____ SR# _____

Date: _____ Amount\$ _____ SR# _____