



## Washington County Conservation District

50 Old Hickory Ridge Road, Suite 1

Washington, PA 15301

Phone: 724-705-7098

### AERATOR REQUEST FORM

**Please read carefully the agreement.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Circle which rental you prefer: Weekday (pickup Monday – Return Thursday) or Weekend (Friday – Monday)

Preferred Rental Date: \_\_\_\_\_

Pasture acres to be aerated: \_\_\_\_\_

Cropland acres to be aerated: \_\_\_\_\_

Truck/Auto policy insurance carrier and #: \_\_\_\_\_

#### **NO INTERSTATE HAULNG**

**\*\*\*I understand and accept responsibility for any damage caused by abuse and/or careless misuse of this equipment and that all repairs and replacement cost will be my responsibility along with any extra charges that may occur.**

**\*\*\* We cannot guarantee that the aerator will be available on the days that you have requested. Scheduling is done on a first come first serve basis. Due to changes in the weather, we will do our best at scheduling you for your chosen dates. We hope to have your cooperation in this matter.**

**\*\*\* The Washington County Conservation District does not accept any responsibility or liability for the use of the aerator by the renter. The renter by signing this request form accepts all responsibilities for towing of the aerator over public and private roads. The renter's personal insurance will be solely responsible for any damages caused during towing. The renter also waives all liability and will hold the Conservation District harmless for the use of this piece of rental equipment in signing this form. Any injury incurred in the use of this piece of equipment will be the sole responsibility of the renter and his/her farm policy insurance.**

Signature: \_\_\_\_\_

Date \_\_\_\_\_

#### **WCCD Office Use Only**

Date application received: \_\_\_\_\_

Received by (Initial): \_\_\_\_\_

Date Aerator Returned: \_\_\_\_\_

Inspected by (Initial): \_\_\_\_\_

Date Aerator Picked Up: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Payment Amount: \_\_\_\_\_