

**CITY OF ST. MARYS
RECREATIONAL VEHICLE
CAMPING/PARKING RENTAL AGREEMENT**

RENTER: _____ PHONE #: _____
ADDRESS: _____ 2ND CONTACT #: _____
CITY: _____ DATES REQUESTED: _____
STATE: _____ ZIP: _____

FEES:

SECURITY DEPOSIT \$25
RENTAL FEE: \$10 PER NIGHT

CHECK OUT:

CAMPING IS FOR A MAXIMUM OF FIVE NIGHTS AND IS RESERVED ONLY AFTER PAYMENT IS RECEIVED. \$25.00 SECURITY DEPOSIT AND \$10.00 PER NIGHT FEE MUST BE MADE IN TWO SEPARATE PAYMENTS. A MINIMUM 24 HOUR NOTICE IS REQUIRED FOR DISPOSAL OF WASTEWATER, MONDAY THRU FRIDAY, EXCLUDING HOLIDAYS. CONTACT CITY HALL @ 437-2311.

RETURN:

KEY MUST BE RETURNED TO CITY HALL WHEN RENTAL PERIOD HAS ENDED. SECURITY DEPOSIT WILL BE REFUNDED AFTER KEY IS RETURNED AND VERIFICATION HAS BEEN MADE THAT PADLOCK IS IN PLACE. FAILURE TO RETURN KEY AND/OR A MISSING PADLOCK WILL RESULT IN FORFEITURE OF DEPOSIT.

I, the undersigned, knowingly and voluntarily assume the responsibility to abide by any and all county, state and federal laws, city ordinances and rules and regulations governing the use of camping/parking lots. It is further understood that the City of St. Marys, Kansas, its officials, officers and employees accepts no responsibility whatsoever for accidents, injuries, illness, disaster or loss to group or individual property relating to or resulting from the rental of camping/parking lots. Further, I agree to indemnify and hold harmless the City from any and all liability and causes of action arising out of my use of said camping/parking lots.

I understand that my deposit will be returned provided all conditions of this agreement are met to include but not limited to over extending the time of rental, cleanup and/or damages to the camper pads and area surrounding.

RENTER

CITY OF ST. MARYS REPRESENTATIVE

DATE

DATE

THIS SECTION COMPLETED BY OFFICE STAFF ONLY:

SECURITY DEPOSIT PAID: ___/___/___ RECEIPT # _____ AMOUNT: \$ _____
RENTAL FEE PAID: ___/___/___ RECEIPT # _____ AMOUNT: \$ _____
KEY PROVIDED TO _____ @ ___ AM ___ PM DATE ___/___/___ CITY REP: _____

KEY RETURNED TO _____ @ ___ AM ___ PM DATE ___/___/___ CITY REP: _____

SECURITY DEPOSIT RETURNED TO: _____ DATE: ___/___/___

**CITY OF ST. MARYS
RECREATIONAL VEHICLE
CAMPING/PARKING PERMIT**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

RV/CAMPER LICENSE #: _____

REQUESTED CAMPING NIGHTS: _____

IN CASE OF AN EMERGENCY CONTACT:

NAME: _____ PHONE #: _____

THIS SECTION COMPLETED BY OFFICE STAFF ONLY:

CAMPING PERMIT ISSUED TO: _____

FOR NIGHTS OF: _____

KEY # GIVEN TO CAMPER: # _____

ISSUED BY: _____

DATE ISSUED: _____

CLERK

Original: Camper

Copies to: St. Marys Police Department

File copy

PERMIT MUST BE VISIBLE IN WINDOW WHILE IN THE PARK