

**SHIAWASSEE COUNTY AGRICULTURAL SOCIETY**  
**2900 E. HIBBARD ROAD \* CORUNNA, MICHIGAN 48817**  
**Ph. 989-743-3611 Fax 989-743-6160**  
**shiacofair@gmail.com www.shiawasseeffair.com**

CONTRACT# _____
INSURANCE: _____
-Office use only-

**WINTER STORAGE CONTRACT AGREEMENT 2017-2018**

It is hereby agreed, by and between, the **SHIAWASSEE COUNTY AGRICULTURAL SOCIETY**, party of the first part and \_\_\_\_\_ party of the second part, as follows: Said party of the first part does hereby lease to the said party of the second part, the following described premises, situated and being in the County of Shiawassee and the State of Michigan. Building assigned by SCAS: \_\_\_\_\_ on the terms and consideration herein disclosed, to be occupied for storage only from \_\_\_\_\_ to \_\_\_\_\_. Provided that said party of the second part does hereby lease said premises as above mentioned, and does covenant and promises to pay the said party of the first part, its representatives or assigns, for rent of said premises **two (2) months deposit** required at time of signing contract agreement.

**(Above lines to be filled in by the Fair Office only.)**

In consideration of their mutual promises hereinafter given, Shiawassee County Agricultural Society and Lessee agree as follows: That each forfeits any right of action that it may later acquire against the other of the parties to this agreement for loss or damage to its property, or to property in which it may have an interest, where such loss is caused by fire or any of the extended coverage hazards and arises out of, or is connected with, the leasing of premises located at 2900 East Hibbard Road, Corunna, Michigan. This lease may be terminated by either party upon ten (10) days written notice delivered to either party at their last known address and said property is to be removed from the premises. This lease will be based on the following rates and information:

**Storage charges begin the day your unit is dropped off or November 15th whichever comes first with a 4 month minimum (120 days).**

1. No extra tanks or containers of gasoline or oil to be stored on the premise.
2. Valid proof of insurance **MUST BE PROVIDED** for duration of storage. (It is hereby understood that the lessor provides "NO INSURANCE" for the protection or benefit of the lessee and lessor is hereby relieved of any and all liability for damages to property arising out of lessee's use of premise.)
3. Storage will be available starting **October 16, 2017**.  
Your item(s) will be available for removal on or about: **April 1, 2018** for most buildings, on or about **May 1, 2018** for units stored in the Commercial and Exhibit Buildings, **AS SCHEDULED BY THE FAIR OFFICE**.
4. Roof mounted antennas will need to be lowered before unit enters the storage buildings.
5. If a key is needed to move your unit, we ask that it be held in the Fair Office for emergencies.
6. Any mid-season opening will be charged a fee of **\$10.00 per occurrence**. Snow removal is extra.
7. A voided contract that requires a refund will be charged a fee of **\$10.00**.
8. Cleanup of any leaking contaminants from said stored property is the responsibility of the lessee.
9. All other charges shall be paid **before removal** of stored item(s).
10. Stored units must exit the building in order. Units will be removed as quickly as possible, however, you will be responsible for all storage charges until your unit leaves the grounds.

**STORAGE RATES: INSIDE LOCKED STORAGE: DIRT FLOOR - \$2.00 per ft/per month      CEMENT FLOOR: - \$2.25 per ft/per month**  
**HIGH CEILING: (Horse/Arena/Dog Barns)- \$2.25 per ft/per Month      ALL OUTSIDE STORAGE: \$25.00 per Month**

Make corrections below if needed:

Item being stored: \_\_\_\_\_ Length of Item: \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_ per month

License Plate#: \_\_\_\_\_

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

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

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

Cell: \_\_\_\_\_

X \_\_\_\_\_  
 Signature

Date out: _____	
_____	Day(s) = \$ _____
Less	
_____	_____
Date	Payment Amt
_____	_____
Date	Payment Amt
_____	_____
Additional charges	
Balance Due \$ _____	
-Office use only-	

**MAKE CHECKS PAYABLE TO S.C.A.S.**

**PROOF OF INSURANCE MUST BE PRESENTED BEFORE ITEM WILL BE STORED. NO EXCEPTIONS!**

Storage location last year: \_\_\_\_\_