

ENGINEERING & PUBLIC WORKS DEPARTMENT
CITIZEN REQUEST FOR SWA-CAR
DEMOLITION-REMODELING
AGREEMENT OF UNDERSTANDING AND LIABILITY



The undersigned agrees to the following terms and conditions in exchange for being permitted use of the Swa-Car.

1. Damage to property due to Swa-Car and truck is your responsibility. The City of Maryville is not responsible for damage to driveway surfaces, grass surfaces, overhead wires, shrub/tree limbs, septic tanks, rutting of surface or any other damage to private property. Swa-Car is to be loaded by hand only.
2. No paint, no tires, no hazardous materials, no oil, no batteries.
3. Residential garbage must be in approved container. Jars, bottles, cans, etc. are considered household garbage and must be placed in your green rollout container and cannot be hauled in Swa-Car.
4. The undersigned agrees to indemnify and hold the City harmless for any injuries to persons or property resulting from or relating to the Swa-Car rented under this agreement including, but not limited to, reimbursement of the City's attorney fees and litigation costs.
5. The person requesting the Swa-Car is responsible for loading materials. City of Maryville personnel or equipment will not be used to load parked Swa-Cars.
6. Any damage to Swa-Car that is a result from overloading or loading with a machine is your responsibility. Any damage from trees falling on trailer is your responsibility. Any damage to trailer when it is on your property is your responsibility.
7. Do not put TV's, computer monitors, microwaves or barrels/tanks in any Swa-Car.
8. *NO FOOD WASTE!*
9. Cost of trailer is \$150.00 plus tipping fee for maximum of four (4) days. Each additional day will be an additional charge of \$40.00 per day.
10. The City may cancel this rental agreement at any time and require immediate unloading and return of the Swa-Car.

Special Notes: _____

 Person Requesting Swa-Car PRINT NAME

 Person Requesting Swa-Car SIGN NAME

 Address

 Phone Number

 Superintendent

 Set Date

 Pick Up Date

MUST BE PRE-PAID PRIOR TO SERVICE

Business and/or Contact name _____

Address _____

City, State, Zip Code _____