

I hereby agree to assume responsibility for any and all thefts of Watertown Charter Township property, damage thereto, and to reimburse the Township based upon replacement cost for and such theft or damage within 30 days after such a theft or damage occurs.

I have read this application and the facility rates and rules, and if this application is approved, I do hereby agree to comply with all such conditions.

APPLICANT SIGNATURE

DATE

Receipt # _____ Date _____ PAID _____
BALANCE DUE _____

Receipt # _____ Date _____ PAID _____
BALANCE DUE _____

Please refund the deposit to:

Name _____

Address _____

City, State, Zip _____

Authorized by _____