



Cache Site Container Program Agreement

PLEASE PRINT CLEARLY

Container Renter Information:

Name

Mailing Address:

City State Zip Code

Cannon Beach Physical Street Address

Best Phone # Alt Phone #

Email

Container Verification:

Cache Site Location (Select One)

Echo

Tango

Oscar

Container Size(s):	Quantity		Rent	=	SubTotal	Total Rent
55 Gallon	<input type="text"/>	X	55.00	=	<input type="text"/>	
30 Gallon	<input type="text"/>	X	30.00	=	<input type="text"/>	
5 Gallon	<input type="text"/>	X	5.00	=	<input type="text"/>	<input type="text"/>

Container Rental Conditions:

- A** The Renter shall NOT store the following in their containers: Firearms, ammunition or weapons, flammable or explosive materials, biohazardous, dangerous or environmentally harmful chemicals or materials, illegal, stolen or perishable items, including prescription drugs.
- B** Goods are stored at Renter's sole risk. The City of Cannon Beach is not liable for any loss of or damage to items stored in containers
- C** The Renter agrees to hold the City of Cannon Beach harmless for any loss or damages to items stored in containers
- D** The containers will only be accessible during established dates and hours as determined by the City of Cannon Beach Emergency Management Department
- E** The City of Cannon Beach retains the right to access and inspect any containers at any time without notice to the Renter
- F** If rental fees are not paid within 60 days of the annual billing date, the City of Cannon Beach will return the container(s) to the Renter
- G** If, after 60 days, the City of Cannon Beach is unable to locate or communicate with the container owner, or has not received payment for rent, the City of Cannon Beach will dispose of the contents and take possession of the container.
- H** People claiming their container upon the event of an emergency, or for inspection and service, will be asked for their contact information.

Signatures:

I have read and understand the conditions and agree to be bound by the conditions of this agreement

Renter Signature

Date

Authorized City Rep Signature

Date

PLEASE RETURN THIS ENTIRE FORM WITH YOUR PAYMENT