

NO-TILL SEEDER REQUEST FORM

Date: _____

Farmer Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Date (s) requested: _____

Crop to plant: _____

Variety of Mixture: _____

Acres to be seeded: _____

What are your weed control plans: _____

What are your fertility management plans: _____

Farm policy insurance carrier: _____

Truck/Auto policy insurance carrier: _____

NO INTER-STATE HAULNG

I understand and accept the responsibility for any damage caused by abuse and/or careless misuse of this equipment and that all repairs and replacement cost will be my responsibility.

*** We cannot guarantee that the seeder will be available on the days that you have requested. Due to changes in the weather, we will do our best at scheduling you for your chosen dates. We hope to have your cooperation in this matter.

*** The Washington County Conservation District does not accept any responsibility or liability for the use of the no-till seeder by the renter. The renter by signing this request form accepts all responsibilities for towing of the seeder over public and private roads. The renters personal insurance will be solely responsible for an damages caused during towing. The renter also waives all liability and will hold the Conservation District harmless for the use of this piece of rental equipment in signing this form. Any injury incurred in the use of this piece of equipment will be the sole responsibility of the renter and his/her farm policy insurance.

Signature: _____