

Plymouth Community Gardens Permit Form

Contact Information		
First & Last Name	Home Phone ()	<input type="checkbox"/> Returning Renter <input type="checkbox"/> New Renter
Address	Cell/Work Phone ()	<input type="checkbox"/> Resident \$45/plot <input type="checkbox"/> Non-Resident \$54/plot
City	Zip	Email *REQUIRED*
Plot Information		
I would like to rent: <input type="checkbox"/> 1 Plot <input type="checkbox"/> 2 Plots	Plot Choices: 1 st Choice #_____ 2 nd Choice #_____ 3 rd Choice #_____	
Plymouth Parks & Recreation will do our best to accommodate all plot requests. If your first choice is not available, staff will contact you with your confirmed plot number. If you do not specify the exact plot number, one will be randomly assigned to you.		
Waiver:		
The City reserves the right to exercise supervisory authority and to prevent unauthorized or illegal activities on City property. The City shall not be responsible for interruptions of the use of the described facilities for reasons beyond its control, and reserves the right to cancel this permit for reasons of public safety or convenience.		
I (We) represent and agree that I (we) have read and understand the information regarding the use of this Plymouth facility, including cancellation procedures, liabilities and responsibilities assumed and times and curfews.		
Specifically, and without limiting the generality of the foregoing, the holder of this permit agrees to save, defend and hold harmless the City for any damages to City personnel, facilities, equipment or other City property, or to the property and/or person of any third party resulting from the use authorized hereby. The City shall not be liable for death or injury of any such person occurring as a result of the use of the facilities authorized hereby.		
Photo Waiver: I understand that the City may use photographs taken at its programs that picture me or my dependents for publicity purposes.		
Cancellations: If you choose not to use your garden plot, please contact the City immediately so the plot may be reassigned and/or offered to the waiting list. If the garden is claimed by another gardener prior to June 15, your fee will be refunded. There will be NO refunds after June 15.		
Signature: _____		Date: _____
Plot Fees & Payment:		
# Plots _____ x Res/NR Fee \$ _____ = Total \$ _____		
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
Name on Card: _____		
Card Number: _____		Exp. Date ____/____
Signature: _____		
OFFICE USE ONLY:		
Date Received: ____/____/2020	Received: <input type="checkbox"/> In-person	
Time Received: ____ : ____ a.m./p.m.	Received and Registered by: _____ (initials)	

