## **2016 Garden Plot Application and Agreement Form**

Garden plots are filled on a first come first served basis, beginning Monday March 21, 2016



City of Waconia Parks and Recreation Department 1600 Community Desired

Date:							Pa			Department nunity Drive
Name or Contact:									Waconi	a, MN 55387 52-442-5802
Address:										52-442-0692 waconia.org
City:		State:		Zip:						
Phone:			Email:							
Please check which g	arden plot you are applying	for:								
Brook Peterson 1200 Oak Avenue	Clearwater Mills 300 15th Street East		Interlaken 1270 Interla	ken Pk	:wy	Bent Cree	ek ckingbird Dri		Waterford 1702 Rave	d encroft Road
I hereby agree to lease	e a garden plot from the City o	of Wac	onia Park aı	nd Red	:reati	on Departme	nt under the	e following	g conditi	ons:
Stake out and ider Provide water according the garden plo The Lessee agrees to: Abide by the rules Assume all respon	ng, have the garden plots ready to tify with a number each 10' x 15 ess ts prior to spring planting and a and regulations for the commu sibility for all personal property greement shall be from the date emoved by the gardener from the	gain fo gain fo nity ga and pe of this	illowing fall or rden plots e rsonal belor agreement	closure stablis ngings throug	e Satu hed a used gh Oct	orday, October and provided b at the garden tober 8, 2016 a	y the City of area		tion and	personal
	MN Government Data Practices uesting of you on our application orm their duties.									
claims against Waconia result of my participatio emergency. I further co	ticipation in this program, I for Parks & Recreation, volunteers on in a Community Garden for the Insent to any photographic reco	and al he year ording o	Il sponsors, to of 2016. I a of myself and	their re Iso au I the u	eprese thoriz use the	entatives, offic e First Aid and ereof in conne	ers, employe /or treatmer ction with th	ees, agents nt to be rer iis program	and suc ndered in	cessors as a
Applicant Signature:							Date:			

Payment \$25 pe	er garden plot		
Cash			
Check payable to	o: City of Waconia		
Credit Card			
American Ex	xpress		
Discover		Office Use Only	
Mastercard			
☐ Visa		Date Received:	
Card Number:		Processed By:	
Expiration Date:			
Cardholder Name:		Plot # Assigned:	

Data is not secure.

Security Code: