PLYMOUTH Community Gardens

Plymouth Community Gardens Permit Form

Contact Information			
First & Last Name	Home Phone		☐ Returning Renter
			■ New Renter
Address	Cell/Work Phone		☐ Resident \$45/plot
			■ Non-Resident \$54/plot
City	Zip Email *REQUIRED*		
Plot Information			
	Plot Choices: 15	t Choice #	2 nd Choice #
I would like to rent: 1 Plot 2 Plots	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:			
•	Tatal Ć		
# Plots x Res/NR Fee \$ = -			. <u>_</u>
Payment:	erican Express	☐ Discover ☐	MasterCard
Name on Card:			
Card Number:		Exp. Date	
Signature:		-	
OFFICE USE ONLY:			
Date Received:/2021 Received: ☐ In-person			
Time Received: a.m./p.m. Received and Registered by: (initals)			

