

CITY OF MUSKEGO
PARKS AND RECREATION DEPARTMENT

EQUIPMENT/KEY LOAN POLICY

1. All park/recreation equipment available for loan is available to any resident of the City of Muskego. Equipment will be loaned on priority to service organizations first and then to the private individual.
2. Anyone wishing to use any equipment available for loan must complete the Equipment/Key Loan Form prior to use (one week's notice).
3. Requests may need to be approved by the Parks & Recreation Board. (The Board meets once a month on the second Monday of each month.)
4. The equipment loan deposit must be paid at least one week prior to the scheduled date of pick up.
5. The deposit will be forfeited for all equipment loaned out and not returned by specific date and time as approved by the Parks & Recreation Board.
6. Damages, as determined by the Parks & Recreation Department, to any equipment will be deducted from the initial deposit and may result in additional charges for repair or replacement to the responsible organization or person.
7. Any loss of equipment and/or keys will result in full forfeiture of deposit and result in additional charges to the responsible organization or person for the replacement of item(s).
8. Deposits will be returned no later than three (3) weeks after proper return of all equipment.
9. A labor charge of \$15 per hour per employee, with a minimum of one hour, will be assessed for department personnel to move equipment.
10. The Parks & Recreation Department reserves the right to cancel any request as approved.

Adopted by the Parks and Recreation Board 1/21/85.

Revised by the Parks and Recreation Board 6/12/89.

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PARKS & RECREATION DEPARTMENT

SPECIAL USE FEE SCHEDULE
FOR
EQUIPMENT/KEY LOAN

The following fee schedule applies to those items available for loan by the Parks & Recreation Department.

The following fees are the deposits requested per item and are non-negotiable.

1. Garbage barrels	\$2/barrel
2. Folding chairs	\$3/chair
3. Volleyball nets	\$10/net
4. Picnic tables	\$15/table
5. Bleachers	\$50/bleacher section
6. Snow fence	\$10/section
7. Barricades	\$5/barricade
8. Softball/baseball bases	\$30/set
9. Facility keys (Facility)_____	\$25/key, maximum required deposit \$50
10 Other_____	\$_____

CITY OF MUSKEGO
PARKS & RECREATION DEPARTMENT

EQUIPMENT/KEY LOAN FORM

Name of Organization _____

Name of Organization Representative _____

Address _____ City _____

Work Phone _____ Home Phone _____

Event _____ Date(s) of Event _____

EQUIPMENT AVAILABLE

<u>ITEM</u>	<u># REQUESTED</u>	<u># APPROVED</u>	<u>#RETURNED</u>	<u>COMMENTS</u>
	(TO BE COMPLETED BY DEPT.)			
Garbage	_____	_____	_____	_____
Folding Chairs	_____	_____	_____	_____
Volleyball	_____	_____	_____	_____
Picnic	_____	_____	_____	_____
Bleachers	_____	_____	_____	_____
Snow Fence	_____	_____	_____	_____
Barricades	_____	_____	_____	_____
Softball/ Baseball Bases	_____	_____	_____	_____
Facility Key (facility)	_____	_____	_____	_____
Other	_____	_____	_____	_____

REQUESTED

APPROVED

DATE WILL PICK _____

TIME WILL PICK _____

DATE TO BE RETURNED _____

TIME TO BE RETURNED _____

Please check one of the following for arrangements:

Requested Approved

Requesting party to pick up and return (at discretion of Director) _____

Parks and Recreation personnel to deliver and pick _____

I/We the undersigned, have inspected all equipment to be loaned and do assume all responsibility for the proper care and utilization of the requested equipment in accordance with the policies and regulations of which I/We have been informed, and which have been set forth by the Muskego Parks & Recreation Board.

ORGANIZATION _____

REPRESENTATIVE _____ DATE _____
(Signature)

DEPT. AUTHORIZED SIGNATURE _____ DATE _____
(Signature)

DEPT. USE ONLY

Application Date _____ Refunds Approved _____

* * * * *

* Equipment Deposit: _____ Equipment Returned: _____ *

* * * * *

* Item _____ Amt. \$ _____ Item _____ Amt. \$ _____ By _____ *

* * * * *

* Item _____ Amt. \$ _____ Item _____ Amt. \$ _____ By _____ *

* * * * *

* Charge for Personnel Time \$ _____ (Not refundable) *

* * * * *

* TOTAL \$ _____ TOTAL \$ _____ By _____ *

* * * * *

* Receipt No. _____ By _____ Check No. _____ Date _____ *

* * * * *

* Note all reasons for withholding any refund or deposit below. *

* * * * *

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