

**City of Stanley**  
**P.O. Box 53 Stanley, ID 83278**  
**208-774-2286**  
**Stanley City Park**  
**POWER USE AGREEMENT**

**USER MUST READ AND INITIAL BY EACH NUMBER BELOW!!**

The undersigned person(s) or organization, hereinafter User, agree that in consideration for the use of the Stanley City Park power supply, they will abide by the following:

1. User shall use the City Park power on the following date(s): \_\_\_\_\_ for the purpose of: \_\_\_\_\_.
2. User agrees to pay to the City of Stanley, in advance, the sum of:

FACILITY	FEE	AMOUNT ENCLOSED
City Park Power Supply	\$25.00	\$25.00
Security & Damage Deposit	\$25.00	\$25.00
<b>TOTAL ENCLOSED</b>		_____

3. User agrees to pay to the City of Stanley the cost of the power consumption:

Ending Power Meter Reading: \_\_\_\_\_  
 Beginning Power Meter Reading: \_\_\_\_\_  
 TOTAL POWER USAGE \_\_\_\_\_  
 X \$.04 per kilowatt = \_\_\_\_\_

**TOTAL FEES**

- \_\_\_ 1. User agrees to check out the Power Supply Key at the City Office, Monday through Friday, 8:00 a.m. to 4:00 p.m., or by making **PRIOR ARRANGEMENTS** with the City Office. Keys may also be checked out at the time of payment, but not more than 5 days prior to the rental date.
- \_\_\_ 2. User agrees to return the key to the City Office and pay the power usage for the power used. The deposit is only refundable upon the City receiving the key back and the payment for the power usage.
- \_\_\_ 3. User understands that User is solely liable for any and all damages to the Stanley City Park, or its contents, arising out of User's Use.
- \_\_\_ 4. Should User activity include the dispensing of any alcoholic beverages, the User is solely responsible to first obtain consent from the Stanley City Council, and if consent is granted, User is required to obtain at User's sole expense, any and all necessary permits or licenses.
- \_\_\_ 5. Any person or organization using the facility known as the Stanley City Park, does so at his own risk and no liability, duty, obligation and/or responsibility shall be imposed up the City of Stanley, County of Custer, State of Idaho, the Mayor, the Stanley City Council, and any cosigner or any of their agents for any accident, injury, mishap, theft, damages and/or other harm regardless of the source of imposition.

AGREED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 User signature

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

(Please return this form to the City of Stanley at the above address)

<b>For Office Use Only</b>			
Date Received _____	Check/Cash _____	Full/Partial _____	Balance Due _____
Security Deposit Refunded Y/N _____	Date Refunded _____	Check # _____	Amount _____