

# Cabin Responsibility Agreement

Cabin: \_\_\_\_\_ Number of People Staying \_\_\_\_\_

Person Responsible: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Dates Requested: \_\_\_\_\_ 20\_\_\_\_\_

Fri:\_\_\_\_ Sat:\_\_\_\_ Sun:\_\_\_\_ Mon:\_\_\_\_ Tues:\_\_\_\_ Wed:\_\_\_\_ Thurs:\_\_\_\_

**KEY CODE:** \_\_\_\_\_ **Please Enter a Four Different Digits Number.** This will be programmed into the electronic key box beside the door.

**NOTE: NO SMOKING OR PETS INSIDE THE CABINS!! FORFEITURE OF DEPOSIT WILL OCCUR!  
NO KEG BEER!!!**

I, the undersigned, agree to deposit with the Mahaska County Conservation Board a cleaning deposit in the amount of **\$200.00**. I agree that this deposit may be applied by the Mahaska County Conservation Board to satisfy any clean-up costs and damage to its property caused by guests visiting the above listed cabin. Further, I understand and agree that if damages exceed the deposit, I, the undersigned, will be held responsible for full payment of repairs or replacement.

**Cancelations must be received a minimum of seven (7) days' prior to rental to receive a return of damage deposit.**

**FAILURE TO CLEAN THE FACILITY AND ITS GROUNDS OR FAILURE TO COMPLY WITH ANY CABIN RULE OR POSTED PARK RULE MAY RESULT IN A FORFEITURE OF ALL OF THE DEPOSIT AND/OR RENTAL FEE.**

**FAILURE TO LOCK AND BOLT ALL DOORS AND WINDOWS WILL RESULT IN FORFEITURE OF ALL OF THE DEPOSIT.**

I, agree to assume full responsibility for the acts, negligence or omissions or members of the above listed group and their guests while using the cabin.

I, the undersigned, have read, and agree to the conditions of this agreement.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**RETURN TO: Mahaska Co. Cons. Board, 2342 Hwy 92, Oskaloosa, IA 52577**

**QUESTIONS CALL: (641)673-9327**

For MCCB use only

**DEPOSIT AND AGREEMENT:**

Date Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Cash: \_\_\_\_\_

Amount: \_\_\_\_\_

Received By: \_\_\_\_\_

**PAYMENT:**

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Cash: \_\_\_\_\_

Amount: \_\_\_\_\_

**DEPOSIT:**

Deposit Returned: \_\_\_\_\_

Deposit Kept: \_\_\_\_\_

Date Returned: \_\_\_\_\_

**(Revised 3/25/19)**