



Garden Plot Application and Agreement Form

Blaine Parks and Recreation Department
 10801 Town Square Drive NE, Blaine MN, 55449
 Office 763-785-6164 Fax 763-785-6191 www.blaineparks.com

Applicant Information

Last Name: _____ First: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-Mail: _____

Returning Gardener? YES NO

Please check one: Blaine Resident ___ Blaine Resident Age 55+ ___ Non-resident: _____

Plot Number Requesting: _____

Registration Dates: Early registrations are not accepted

Now – February 19: Returning resident gardeners in good standing requesting their same plot.

Feb. 29 – March 6: New resident gardeners

March 7 until full: Non-resident gardeners

Walk-in registrations receive first priority. Registrations mailed or faxed are processed as time permits.

I hereby agree to lease a garden plot at the Blaine City Hall Community Gardens from the Blaine Parks and Recreation Department under the following conditions:

The Lessee agrees to:

1. Abide by the rules and regulations for community garden plots established and provided by the City of Blaine. I understand these rules may change and that I will be informed of these changes.
2. Hold the City of Blaine harmless from vandalism, theft, property damage or personal injury that may occur in said garden area.
3. Assume all responsibility for all personal property and personal belongings used at the garden area.
4. The term of this agreement shall be from the date of this agreement through October 15 of the same year, at which time all vegetation and personal property shall be removed by the gardener from the garden area or the City will dispose of it.
5. Allowing the City of Blaine to use personal information for purposes of contacting the lessee, and to share with other gardener but not to the public. The lessee may choose to withhold this information, but must notify the Blaine Parks and Recreation Department.

DATA PRIVACY

In accordance with the MN Government Data Practices Act, the Parks & Recreation Department hereby informs you that the personal information we are requesting of you on our application is considered private. Private data is available to you and to City staff who need to have this information to perform their duties.

I have read, understand and agree to all of the above-mentioned conditions for the rental of the Blaine Community Garden Plots.

Signature

Date

PAYMENT INFORMATION (all rates include tax)

Amount Due: Full Plot **\$68.57- resident** **\$57.85 - resident Age 55 +** **\$80.34 non-resident**
 Half Plot **\$42.85- resident** **\$32.14 - resident Age 55 +** **\$53.56 non-resident**

Payment Type: ___ Check (checks payable to City of Blaine) ___ Cash ___ Credit Card

Credit Card Type: _____ **Credit Card Number:** _____ **Exp. Date:** _____

Signature: _____

Office Use Only: Date Received: _____ Processed By: _____ Plot Number Assigned: _____