



**VILLAGE of BALD HEAD ISLAND**  
**Utilities Department**  
**PORT -A- TOILET / HAND WASH STATION**  
**RENTAL / SERVICE AGREEMENT**

LESSEE NAME:

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BILLING ADDRESS:

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TELEPHONE #:

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SOCIAL SECURITY,  
FEDERAL or TAX ID #:

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*The lessee agrees to pay a rental fee of \$ **125.37** per month. The fee is per Port-A-Toilet or Hand Wash Station and includes a weekly pumping and cleaning service. Lessee will be held liable for all damages (to include graffiti removal) created by actions other than fair wear and tear. All expenses incurred by The Village of Bald Head for repairs or equipment replacement will be billed to the lessee.*

- Lessee signature represents that he or she has inspected the PORT-A- TOILET or HAND WASH STATION upon delivery and that the equipment is in good condition and repair.
- Please note any exceptions to good condition and repair on reverse side of this form.

Lessee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**DELIVERY INFORMATION**				
<b>PORT-A-TOILET</b> # _____	<b>BHI DELIVERY LOCATION</b>			
	<b>WEEK SERVICE TO BEGIN</b>		<b>WEEK SERVICE TO END</b>	
<b>HAND WASH STATION</b> # _____	<b>DELIVERY DATE*</b>	<b>DELIVERED BY:</b>	<b>PICK UP DATE**</b>	<b>PICKED UP BY:</b>
Notes:				

