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**WEED WRENCH RENTAL  
APPLICATION**

Resident Name: \_\_\_\_\_

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

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

I acknowledge that by signing this application I will return the weed wrench within 7 days in the same condition or forfeit my deposit.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

(STAFF SECTION)

\$100 DEPOSIT RECEIVED? Y N DATE: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

CASH OR CHECK (CIRCLE)