



PLAZA ASSISTANCE CONTRACT

APPLICANT NAME: _____

APPLICANT BUSINESS: _____ BL#: _____

BILLING ADDRESS: _____

CONTACT phone/email: _____

DATE OF PLAZA ASSISTANCE: _____

LOCATION OF PLAZA ASSISTANCE:

NEED FOR PLAZA ASSISTANCE:

The undersigned user agrees to pay to the Town of Mountain Village, the rate of \$200 dollars per hour for Plaza Assistance. The undersigned further agrees to indemnify and hold harmless The Town of Mountain Village, Colorado, its officials, officers, agents and employees, from and against all liability, claims, and demands on account of injury, loss, or damage, or any other loss of any kind whatsoever, which may arise out of or resulting from the Plaza Assistance provided by the Town.

The undersigned further agrees to pay all Town Plaza Assistance fees within 30 days of receipt of invoice.

User Signature: _____ Date: _____

	Time In	Time Out	Total Time	Amount	Initials
\$200/hr. for one vehicle and one driver, minimum ½ hour *					

*Each additional staff person needed is \$100 per hour, minimum ½ hour per job.