

# Common Space Request Form

- *This Form must be filled out by the HOA Resident and approved by the HOA prior to use of the Common Space for Special Events.*
- *HOA Authorized Hours For Special Events are Monday-Sunday 9:00 a.m. to 8:00 p.m.*
- *Requestor Is Financially Responsible For Any Damage Incurred During the Special Event*
- *Please email or return this form to Marilyn Showalter at Mar.Show@hotmail.com*

Requestor Name:

Date Submitted:

Requestor Address:

Anticipated Date of Use:

## Brief Description of the Event:

**Date of Event (mm/dd/yy):** \_\_\_\_\_ **Start Time :** \_\_\_\_\_ **End Time:** \_\_\_\_\_ **Anticipated # of guests:** \_\_\_\_\_

## Location (Check one):

North Common Space Area (Tract C4)

South Common Space Area (Tract C2)

## Equipment Use (check all that apply):

Chairs Tables Tents/ How many? \_\_\_\_\_ Jumper <sup>1/</sup> How many/? \_\_\_\_\_

Generator<sup>1/</sup>How many? \_\_\_\_\_ Other (e.g. Port-a-potty): \_\_\_\_\_

Note 1: Jumper and Generator location must be determined and approved by the HOA Event Approver prior to use.

Will a vehicle be utilized? YES NO If yes: Use of vehicles in the common spaces requires special permission and must be monitored by a board representative to insure that irrigation is not damaged.

*Please Note: Pick up of all equipment must be completed during daylight hours. NO evening pickups are allowed.*

HOA Event Approval:

Signature 1

Date

HOA Event Approval:

Signature 2

Date

*I hereby acknowledge that I have voluntarily chosen to use the common space. I agree to accept any and all risks. I agree to hold the RGHOA harmless for any and all liability for any injuries including death which might be sustained while participating in this activity.*

Resident Signature: \_\_\_\_\_

Date

## Beginning of Event Walk thru:

Inspection of area was completed? YES NO

Any problems or issues identified? YES NO If Yes, Please describe \_\_\_\_\_

Please initial and date: HOA Representative \_\_\_\_\_ Resident \_\_\_\_\_

## End of event Walk thru (Check all that apply):

All equipment was removed? YES NO

Trash was removed? YES NO

Damage to irrigation system? YES NO

Damage to landscaping? YES NO

Other Comments:

HOA Closeout Approval:

Signature

Date

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Resident Signature-Closeout of Event: \_\_\_\_\_

Date