

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*

Requestor Name:

Date Submitted:

Requestor Address:

Anticipated Date of Use:

Brief Description of the Event: (include number of attendees, activities, music, etc)

Date of Event (mm/dd/yy): _____ **Start Time :** _____ **End Time:** _____

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 ¹/ How many/? _____

Generator¹/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: Approval is required for accessing ditch road for large items delivered to the Commons. *Note: Pick up of all large equipment must be completed during daylight hours. NO evening pickups are allowed.*

Parking: How many cars _____? Please ensure cars park on one side of the street, to allow for flow of traffic and emergency vehicles. "NO PARKING" temporary signs are recommended to guide your guests. For large gatherings, please have guests park outside the commons and shuttle to your property.

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 _____

CC: Gardens HOA Board Records
Gardens Landscaping/Maintenance Chair
Gardens HOA GateKeeper

Common Space Request Form

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

Resident Signature-Closeout of Event: _____

Date