Abiqua Heights Homeowners Association

Request for Special Use of the Commons

Date_____20____

REQUEST IS HEREBY MADE BY THE UNDERSIGNED FOR USE OF THE SPECIAL USE AREA OF THE COMMONS ON THE DATE LISTED BELOW.

DATE(S) REQUESTED_____HOURS FROM_____M TO_____M
NAME OF HOMEOWNER_____
ADDRESS_____PHONE NUMBER_____

EXPECTED ATTENDANCE: NUMBER OF ADULTS_____NUMBER OF MINORS_____
TOTAL_____

SPECIAL USE AREA; **C**OMMONS OPEN AREA NEXT TO SHELOKUM DRIVE

BRIEFLY DESCRIBE IN DETAIL THE ACTIVITY WHICH WILL BE CONDUCTED ON THE COMMMONS _____

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RESTROOM FACILITIES TO BE PROVIDED_____

_____

WHAT SPECIAL EQUIPMENT WILL BE SETUP ON THE COMMONS_____

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The AHHA Board of Directors may cancel use of the Commons upon proper notification.

I hereby certify that I shall be personally responsible, on behalf of my group, for any damages sustained on the commons or equipment because of the occupancy of said premises by my group. I agree to abide by and enforce the rules and regulations of AHHA governing the use of the commons as printed on the reverse side hereof. I further hereby agree to indemnify and hold harmless AHHA from any loss liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity.

SIGNATURE OF APPLICANT X_____
(Please sign in ink)

DO NOT WRITE BELOW THIS LINE

APPROVED BY:

_____ _____
Board of Director Board of Director

SPECIAL INSTRUCTIONS FROM AHHA _____

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*Please be considerate of residents living next to the commons and their right to privacy and other AHHA members who may be using the commons during this time.