STUART WEST PROPERTY OWNERS ASSOCIATION

Request for		at the pa	at the park.	
(special events	5)			
Name:				
Owner: <u>Yes/No</u>	Email:			
Day Phone:	Evening Phone	2:		
Address:				
I am requesting approval for rese function:, 20 a	The fu	inction will take	e place on	
Scheduled time and date for walk-thru				
Scheduled time and date for walk-thru after event:		am/pm,	,20	

I acknowledge, understand and agree, that a security deposit of One Hundred dollars (\$100.00) must be received by the Stuart West Property Owners Association with this request for reservation of the park in order to hold the date for my event, stated above.

I understand that certain circumstances, such as damages caused by myself or persons attending or assisting in the event could increase the time for the after event walk-thru.

I acknowledge, understand and agree that disturbing noise levels whether conversation or music will not be allowed, and that the gathering must conclude at dusk. I acknowledge, understand and agree that I am responsible for park cleanliness including the access areas and for **removing** all garbage from the park. I agree that the facility will be cleaned and brought back to the condition prior to my event immediately after the conclusion of the event.

I acknowledge the below items are strictly prohibited due to insurance requirements, events that include mechanical rides, pyrotechnics, foam machines, fireworks, firearms, hunting, water hazards, overnight camping, haunted attractions, hayrides, live animals, circuses, air shows, trampolines and bounce houses or other inflatable devices.

I acknowledge, understand and agree that electrical service at the park is for Association sponsored events only and will not be made available for my private use during this event.

I acknowledge, understand and agree that I will abide by the rules and regulations for the use of the park and access areas requested above, for all the above acknowledgements, understandings and agreements and for all other rules governing residential living at STUART WEST PROPERTY OWNERS ASSOCIATION (SWPOA).

I acknowledge, understand and agree that my failure to comply with the above acknowledgements, understandings and agreements and other related residential rules and regulations will result in the forfeiture of my One Hundred Dollar (\$100.00) security deposit and that I will reimburse the SWPOA for any expenses which were caused by my failure to comply.

I acknowledge, understand and agree that if any damage occurs during this function, SWPOA, will bill me and I will pay for repairs of such damage in excess of the One Hundred dollar (\$100.00) security deposit. And further agree that such excess damage may be invoiced through my assessment account with all collection privileges currently in place for this account.

I have read, acknowledge, understand and agree with all of the above statements.

Resident's signature	Date
Management Representative	Date
Recommended to the board for Approval:	
Management Representative	Date
DEPOSIT WILL NOT BE RETURNED TO UNIT OWN AFTER THE EVENT.	ER UNTIL INSPECTION HAS BEEN COMPLETED