

Room 107 RESERVATION REQUEST

I wish to reserve Room 107 for a private function.

Date of Function: _____ **Time from:** _____ **to** _____

Intended Use: _____

Estimated Number of Guests (maximum 25): _____

I understand that only residents who are current on all Assessments and have no unresolved violations of Governing Documents may reserve this facility for private functions.

I have received, read and agree to comply with the Use of Community Facilities Regulations. I understand that fines and/or fees for damages or violations of PTCA Governing Documents will be charged to the responsible Unit owner.

I understand the cost to me will be a \$25 fee, by check or money order payable to PTCA. Payment must be submitted along with the reservation request. If my reservation request cannot be accommodated, or if I cancel my confirmed reservation at least 24 hours in advance of my private function, the fee will be refunded within ten (10) business days.

I understand that a PTCA Board member will inspect the premises following my scheduled private function.

In consideration for the use of Room 107, I hereby agree to release Pacific Tower Condominium Association (PTCA) from any claims for damages arising either directly or indirectly from the use and occupancy of Room 107 by myself, my guests and invitees at the time and date set forth above. In addition, I hereby agree to indemnify and hold the Association harmless from any claims, demands, suits, actions, damages, or injuries of any nature which may be made against the occupancy of the facility at the time and date set forth above.

Requestor's Name: (print) _____

Unit: _____

Phone: _____

Signature: _____

Today's Date: _____

Approved By

Disapproved By

(see reverse)

November 1, 2014

Reason for Disapproval: _____

Refund Date: _____

AFTER USE INSPECTION REPORT

Completed by: _____ Date: _____

Condition satisfactory: YES NO

Describe unsatisfactory condition: _____

Follow up:

Attach cleaning or repair receipts

Describe repairs and/or cleaning performed: _____

Attach copy of the Bill and letter sent to Unit Owner

Follow up Completed By: _____ Date: _____