

**C.H.C.I.A., INC.
POLICIES AND PROCEDURES**

FOR USE OF TABLES AND CHAIRS

The property owners are welcome to use tables and chairs owned by the Carriage Hills Community Improvement Assoc., Inc. which have been purchased over the years for use at meetings and community activities.

- ❖ Property owner must be current on all assessment fees and/or legal fees owed to the Association by the property owner.
- ❖ Must fill out and return this reservation form, along with a refundable deposit check in the amount of \$200.00 made out to Carriage Hills Community Improvement Assoc. (CHCIA).
- ❖ Deposit check will be returned upon the return of the tables and/or chairs and inspection for cleanliness and lack of damage.
- ❖ Request for the use of tables and chairs should be submitted at least one week prior to activity so arrangements can be made for the pick-up and return of tables and chairs.
- ❖ Property owner must provide for the transportation of the tables and chairs, both for pick-up and return.
- ❖ Usage of Tables and Chairs shall only be within the Carriage Hills Subdivision properties, and cannot be transported outside of the subdivision.
- ❖ Availability will be on a first come first serve basis.
- ❖ Prior arrangements must be made with the person responsible for the access of tables and chairs, and handling of the deposit check. (For 2016 contact person is Karen Keels...karenkeelschbod@gmail.com)

THE UNDERSIGNED PROPERTY OWNER(S) HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATED POLICIES AND PROCEDURES AND HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS, CARRIAGE HILLS COMMUNITY IMPROVEMENT ASSOCIATION, INC., IT'S REPRESENTATIVES, AGENTS, OFFICERS, DIRECTORS, AND VOLUNTEERS FROM ALL CLAIMS, LOSSES, DAMAGES AND COSTS OF ANY KIND, INCLUDING BODILY INJURY, DEATH, DAMAGE TO PERSONAL PROPERTY ARISING OUT OF THE ACCESS AND USE OF THE CHCIA OWNED TABLES AND CHAIRS BY THE UNDERSIGNED, THEIR HOUSEHOLD MEMBERS AND/OR GUESTS.

PROPERTY OWNER SIGNATURE

DATE OF REQUEST:

PRINT PROPERTY OWNER NAME (PLEASE PRINT CLEARLY)

PROPERTY LEGAL DESCRIPTION (SEC. BK. LOT)

HOUSE ADDRESS:

(CONTACT PHONE NUMBER)

EMAIL ADDRESS:

(ALTERNATE CONTACT PHONE NUMBER)

DATE OF USE: _____
DAY OF WEEK CALENDAR DATE

DATE OF RETURN: _____
DAY OF WEEK CALENDAR DATE

Please indicate the number of tables _____ chairs _____ needed for your event.

FOR CARRIAGE HILLS REPRESENTATIVE TO COMPLETE:

(SIGNATURE OF AGENT FOR CARRIAGE HILLS C.I.A., INC.) (DATE:) (CONTACT NUMBER)

DEPOSIT CHECK #: _____ RECEIVED ON: _____ RETURNED ON: _____