



## ASSOCIATION EQUIPMENT / PROPERTY REQUEST FORM

### Association Equipment/Property Requested:

6 Foot Table | Quantity (Max 3): \_\_\_\_\_  8 Foot Table | Quantity (Max 4): \_\_\_\_\_

Round Table | Quantity (Max 6): \_\_\_\_\_  Belly-Up Table | Quantity (Max 10): \_\_\_\_\_

Folding Chairs | Quantity (Max 65): \_\_\_\_\_  Other: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Unit # & Tower: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

**I understand that I am responsible for cleaning/replacement/repair of any soiled, lost or damaged items, and for moving them to/from secured storage. I will pay an enforcement assessment for any Association costs to clean, repair or replace said items. I may be subject to future denials of use.**

**All use is on a first come, first serve basis with Association business, e.g., the Social Committee, management, having priority**

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### OFFICE USE ONLY:

INSPECTION DATE & TIME: \_\_\_\_\_ DAMAGE?  YES  NO

IF YES, DESCRIBE DAMAGE:

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