

THE VINES COMMUNITY ASSOCIATION NEIGHBOR ACCESS FORM

Requested Access:

Name: _____

Project Address: _____

Telephone Number: _____ Email: _____

Access Requested Starting: _____ Requested End Date: _____

Project Description:

Description of Access Requested:

Acknowledgement of Liability

The undersigned hereby agrees that any and all liability or damages caused by or arising from any acts related to the above requested access are the sole responsibility of the undersigned.

Signature: _____ Date: _____

Determination of Access

Neighbor's Name: _____

Neighbor's Address: _____

Neighbor's Telephone Number: _____ Email: _____

Access Granted Starting: _____ Access End Date: _____

Access Limitations or Restrictions:

Access Granted

The undersigned hereby grants access for the purposes defined above pursuant to the dates and restrictions listed above.

Signature: _____ Date: _____

Access Denied

The undersigned hereby denies access for the purposes defined above.

Signature: _____ Date: _____