TRAIL PERMIT APPLICATION

(Exhibit E)

			Trail Permit #:	
Home Owner Name:				
Home Owner Address:				
Home Owner Phone#:	Cell#:		Other#:	
Company Name:				
Company Contact Person:				
Company Phone#:	Cell#:		Other#:	
Work Being Done:				
Type of Vehicle: Make:	Model:		_Color:	
Vehicle License Plate:				
Auto Insurance Company:			_Policy#:	
Copy of Insurance Card Received:	(Yes)	(No)		
Copy of Driver's License Received:	(Yes)	(No)		
Security Deposit Received:	(Yes)	(No)	Amount	(check) (cash)

OWNER/PERMIT HOLDER IS RESPONSIBLE FOR ANY DAMAGE AND REPAIRS TO ASSOCIATION TRAILS FOLLOWING USE AND AGREES THAT THE ASSOCIATION MAY USE THE DAMAGE DEPOSIT TO EFFECT REPAIRS IN THE EVENT THAT OWNER/PERMIT HOLDER FAILS TO UNDERTAKE AND COMPLETE REPAIRS TO THE SATISFACTION OF THE ASSOCIATION. TRAIL PERMIT MAY BE REVOKED AT ANY TIME.

Signature

Date