

TRAIL PERMIT APPLICATION

Trail Permit #: _____

Homeowner Name: _____

Homeowner Address: _____

Homeowner Phone#: _____ Cell#: _____ Other#: _____

Company Name: _____

Company Contact Person: _____

Company Phone#: _____ Cell#: _____ Other#: _____

Purpose for Trail Access: _____

Type of Vehicle: Make: _____ Model: _____ Color: _____

Vehicle License Plate: _____

Auto Insurance Company: _____ Policy#: _____

- ✓ Copy of Vehicle Insurance: ()
- ✓ Copy of Driver's License: ()
- ✓ Copy of Vehicle Registration ()
- ✓ Security Deposit: () \$500 Check Made Out to Nellie Gail Ranch **or**
Proof of Additional Insured on Insurance Policy

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.

Homeowner or Vendor Signature

Date