

SUBJECT: CLUBHOUSE RENTAL REQUEST FORM

ARR NUMBER 2.1b

AMENDED: JULY 2023

**CO-OWNER: PLEASE SIGN AND RETURN THIS FORM TO MANAGEMENT COMPANY**

Co-owner Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Bldg: \_\_\_\_\_ Unit # \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Date of rental: Day \_\_\_\_\_ Date: \_\_\_\_\_ Time In-Out \_\_\_\_\_

DESCRIPTION OF OCCASION/EVENT \_\_\_\_\_

Number of People expected \_\_\_\_\_

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**IMPORTANT:** The Co-owner hereby agrees to the indemnity and holds harmless the Lexington Condo Homes Association, its Board of Directors, its Agents, Employees, Assignees, Successors, and each Co-owner from all liability, in law, or in equity which arises in connection with the use of alcoholic beverages or drugs in the Clubhouse/Pool area or on the Common Elements pursuant to this contract. Included are all costs, any/all attorney fees and any other expenses associated to legal representation of those indemnified and held harmless hereto.

Co-owner accepts full responsibility for a total clean-up and removal of all trash or other waste materials in accordance with the attached specified rules policy that are part of this rental agreement.

Co-owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

RENTAL FEE: \$100.00 SECURITY DEPOSIT: \$200.00

A check for both the rental fee and the security deposit must accompany this application. The check is to be made payable to the LEXINGTON CONDO HOMES ASSOCIATION and returned with the application to the Management Company.

===== DO NOT WRITE BELOW THIS LINE =====

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Amount Received \$ 300.00

Date Rental Fee Deposited \_\_\_\_\_ Rental Approved By \_\_\_\_\_

Date Key Picked Up \_\_\_\_\_ Date Key Returned \_\_\_\_\_

Date Deposit Returned \_\_\_\_\_ Amount Withheld \_\_\_\_\_

Amount Returned \_\_\_\_\_ Returned By \_\_\_\_\_

Comments: \_\_\_\_\_