

APPLICATION FOR IN-UNIT SERVICES PROGRAM

UNIT OWNER (S)' NAME: _____ UNIT NUMBER: _____

DAYTIME PHONE NUMBER: _____ DATE: _____

1. I (We) apply for the privileges of the Skyline Square Membership In-Unit Services Program; pursuant the following terms and conditions:

2. The fee schedule in effect at the time of service will be followed.

3. All charges under this program will be paid in full at the time of request.

4. I/We understand that by joining the In-Unit Service Program, my/our tenants, if applicable, may request services under the Program and I/We will be responsible for the charges incurred. This issue should be addressed in any lease agreement entered into with a tenant.

5. I (We) agree to indemnify and hold harmless the Association, its agents and employees from and against any and all liability for damages or claims associated with entry into the unit or the performance of work requested, except in the case of their gross negligence or willful misconduct. In no event shall the Association be responsible for the acts or omissions of independent contractors. I (We) accept full responsibility for any injury or damage to the Association, its agents or employees that may occur while performing work due to the condition of my (our) Unit or its contents.

6. A working copy of the keys to the entrance of the unit (if not already provided) is provided with this application for use by the Association staff, in performing all requested work under this Program, or other Association services performed pursuant to the Condominium Instruments and rules and regulations.

7. Management has full authority to determine if a service requested should be provided under the In-Unit Services Program and to schedule the work and may schedule the work so that it does not interfere with the normal routine for the Association staff.

8. I (We) agree to the above terms and conditions, and to the terms set forth in the In-Unit Services Program Resolution, which I (We) have read and which is incorporated herein by reference. [SIGN BELOW]

Unit Owner(s): _____ Date: _____

Non-Owner Resident(s): _____ Date: _____

Address if applicant does not reside in Unit: _____

Association Use Only:

Application Received: _____ Posted: _____ By: _____