## **BRIERCLIFF HOMEOWNERS ASSOCIATION Application to Reserve use of the Recreation Area**

Owner:	Date
Address:	Phone:
Nature of proposed event:	
Proposed Date: Tim	eframe:
Homeowners Insurance Company:	
Policy Number:	_
Please attach a copy of Additional Insured namin	g BHOA as such with the application.
I understand that I am liable for any incident of in	njury or damage that occurs during this
event. I will not hold the Briercliff Homeowners	Association liable.
Homeowners signature	
Mail to Briercliff Homeowners Association PO Box 461 Hamburg, N.Y. 14075	
This application will be forwarded to the BHC Please allow approximately 14 days for proces	
The enclosed application is { } Approved { } Disapproved	
BHOA signature:	Date:
BHOA Officer:	