



PROPERTY OWNERS ASSOCIATION
 33430 HARVEST WAY
 WILDOMAR, CA 92595
 PH: (951) 244-3719 i FAX (951) 244-0553

APPLICATION FOR USE OF FPOA FURNISHINGS

Name _____ Account # _____ Date of Request _____

Address _____ Phone # _____

All furniture/equipment must be picked up and returned between 9:00 A.M. - 12:00 P.M., Monday to Friday.

Tables 8 foot _____ 6 foot _____ Chairs _____ (Maximum loan is three days)

Pick-Up Date _____ Time _____ Return Date _____ Time _____

I, [print] _____ the undersigned, agree to abide by the conditions stated below while utilizing FPOA furniture/equipment. I understand that, if any damages occur while in my possession, I shall reimburse the Association for all repairs and/or for replacement costs. The FPOA will not refund the deposit until an FPOA representative inspects and clears all items returned and signs off in the box below.

Please allow up to two weeks from the return date of the furniture/equipment for the refund check.

- **A \$75.00 refundable deposit plus a \$75.00 usage fee** is required upon submittal of this application and must be submitted at least 72 hours before the pick-up date. Deposit and usage fee can be combined into one check/money order.
- **No FPOA furniture/equipment will be left outdoors overnight.** The borrower is responsible for any damages that occur while in the borrower's possession.
- **Tables will not be used for garage sales.**
- **The FPOA is not responsible for any injuries** caused by its furniture/equipment. The undersigned is borrowing the furniture/equipment at the borrower's own risk and the borrower takes full responsibility and incurs all costs that may arise.
- **All furniture/equipment must be picked up and returned to the FPOA as arranged.**

I, _____, have read and fully understand the above terms while borrowing FPOA furniture/equipment. Failure to comply with the above terms may result in the suspension of borrowing rights and the \$75.00 deposit may not be refunded.

Borrower _____ Date _____

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For FPOA Personnel Only

\$75.00 Deposit plus \$75 usage fee by: Check # _____ MO# _____ Name _____
 Date _____ Booked by and Reserved on FPOA Monthly Calendar by: _____

Furniture/equipment was returned in GOOD condition for FULL REFUND, or was DAMAGED _____

Damage was assessed at \$ _____ REFUND \$ _____
 Furniture/equipment was Inspected by _____ Date _____