

Aquia Harbour Property Owners Association

MARYANNE'S LIST APPLICATION

Aquiaharbour.org

I, _____ do hereby certify on this date _____ that I am a resident of Aquia Harbour at Lot# _____ and the business and/or services I am advertising are my own.

I agree to act fairly, honestly, safely and in the best interest of my neighbors when conducting business in Aquia Harbour.

I agree that any non-resident staff needed will be advised of the 25mph speed limit and visitor registration requirements. (*Front Gate 540-659-5224*)

I understand that the AHPOA is not endorsing or recommending my business or services and that users of this list have been directed to conduct their own due diligence prior to entering into any agreement with me.

I agree to hold harmless and indemnify, protect and save harmless AHPOA from and against all loss and related legal fees and expenses.

I understand the AHPOA can remove my name and/or business from this list with or without cause at any time.

Signature _____ Print Name _____

Service/Business Category _____

Business Name or Person's Name _____

Brief Description of Services (*50 words or less*) _____

Years Experience _____ References Available? Yes No

Primary Phone _____ Website _____

Address _____ Email Address _____

Emergency Contact & Phone _____

AHPOA Staff Assigned Category _____ Residency Conf. Staff Intls _____