

## HORIZON TOWNHOUSES H.O.A.

### Roof Access Request Form

The roof of each building at the Horizon Townhouses is off limits to owners, tenants, and services providers. If there is a need to access the roofs of a building, you are required to fill this request form to inform and request the Association of your reason and need to climb to the roof. Once a request is made, Property Manager will contact you either by email, or telephone that you have been approved or denied of the request. If this is an emergency, please contact the Property Manager by phone as soon as possible. Please note, it may take up to 36 hours to respond to your request. It is advised that you make the request as soon as possible so that proper request and response is met.

1. Unit owner name: \_\_\_\_\_
  2. Unit# \_\_\_\_\_ (1A, 13C, etc., )
  3. Contact Number: \_\_\_\_\_ 4. Email: \_\_\_\_\_
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5. Roof Access Date: \_\_\_\_\_
6. Request by: ( ) Owner ( ) Tenant ( ) Agent / Representative ( ) Service Provider
7. Requester Name: \_\_\_\_\_
8. Type of Service Provider: (Aircon, Telephone, etc., ) \_\_\_\_\_
9. Name of company: \_\_\_\_\_
10. Contact Number: \_\_\_\_\_ 11. Email: \_\_\_\_\_

\*REMARKS OR COMMENTS: \_\_\_\_\_

I understand that the roof of the building may not be accessed without the approval of the Association or the Board of Directors or its managing agents. The Horizon Townhouses Homeowners Association, Board of Directors, or the managing Agent will not be held liable for any damages or injuries or deaths or any combinations that may occur with this request. I further understand that the insurance policy of the Horizon Townhouses does not cover this request or anyone climbing and being on the roof and that any service provider, owner or tenant who requires access to the roof will be covered by their business's Workman's Compensation Insurance Policy, or other insurance policy that may be provided by the company or myself. If the service provider or I cause any damages to the building or other units or items of the building, I understand that the service provider(s) and/or I will be liable for the damages caused and will pay or reimburse the Association or the unit that the damages caused and for the repair or replacement of the damages. With fully understanding the liabilities, I fully agree and sign this form. (Please sign and type your name to submit the form. The date will be automatically entered)

Signed this \_\_\_\_\_ [DATE]

Sincerely,

\_\_\_\_\_  
YOUR NAME

\_\_\_\_\_  
YOUR PHONE NUMBER

\_\_\_\_\_  
YOUR EMAIL

**Horizon Townhouses Homeowners Association**  
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