

## **DRONE APPLICATION**

## **APPLICANT INFORMATION:**

Owner of	Drone:		
Address:			
City/State	e:		<del></del>
Phone:	home	cell_	
DRONE	INFORMATI	ON:	
Make:			
Model:			
Anticipate	ed Date/s of U	sage:	
Anticipate	ed Length of T	ime to be used by the Drone:	
Proof of D	Orone Insuranc	ce and Expiration Date:	
Drone Re	gistration Nun	nber:	
purpose on the purpose of the purpos	other than the the Association nims, damages	usage intended and approve	n gathered by the drone will be used for any d by The Board. I will indemnify and hold orhood Association from any and all liability, he operation of the drone.
Signature	:		
Date:			
Office Use	e Only:		
Date rece	ived:	Approved or Denied Da	re: