



BAY QUARTER SHORES, INC.

Application For Visitor Vehicle Pass

FROM: _____
Print BQS Member Name Mailing Address

MAIL TO: BQS Vehicle ID Sticker Committee
1004 Bay Quarter Drive
Heathsville, VA. 22473
ATTN: Compliance

1. Request a temporary vehicle Visitor Pass be issued for the following guest(s).

Name of Guest(s) _____

Visit Dates From: _____ To: _____

Vehicle Description: _____

Year	Manufacturer	Model	Color	License# and State
_____	_____	_____	_____	_____

2. I am a BQS Member in good standing; my lot # is ____: I am a valid Associate Member with # AM _____. I have read and agree to comply with the BQS Rules governing issuance of visitor passes.

3. Applicant agrees to protect, defend, indemnify and save Bay Quarter Shores, Inc. from and against all claims, losses, damages, costs, judgments, expenses arising out of any actual or alleged injury, (including death), to any person or damage to any property, or any other damage or loss, by whomever suffered, resulting from or in any way connected with the member's or guest(s)' actions; provided, this provision shall not apply to injuries or damages caused solely by the negligence of the association. By signing this application, applicant has agreed that all members and guests will abide by the rules and regulations as established by Bay Quarter Shores, Inc. and its members.

Signature of Requestor

4. Temporary guest vehicle passes are to be requested using this form and will be issued for a maximum of two consecutive weeks. In order to expedite this process, request should be submitted at least two weeks prior to the visitors anticipated arrival date, if known.

5. The pass should be displayed in the rear window, driver's side while traveling on Bay Quarter Shores, and will be honored for one trailer in tow.

6. Persons visiting the BQS Community for an extended period of time without a valid Guest Pass displayed have been and will continue to be asked for identification.

7. Guest vehicle passes are valid for the time duration specified and should be retrieved by the requesting member upon expiration and deposited in the OFFICE DROP BOX in the BQS Club House.

For BQS Official Use Only:

Date request received _____ Current Membership verified by: _____

Date Pass# _____ Issued _____ Expired Pass returned on _____