



REQUEST FOR EXTENDED FUNCTION TIME FOR POOL

Before submitting request, please check calendar and then drop form off at 188 McLaughlin Ct. newspaper slot. Notification of approval or denial will be by email or fax.

Date _____

I, _____, of _____, would like to
(Homeowner) (Address)
request an extension of _____ hour(s) for my _____, previously
(Length of time) (Type of event)
reserved, for _____ at the Buckhead Pool. I understand that my request for
(Date)
time extension can not be in conflict with any other reservation. I understand that I must obtain
written approval of the request prior to function start time.

Signed,

Telephone #
Email address or Fax # (required)

Approved _____
(initials)

Denied _____
(initials)

Person reserving must be in attendance and have this approval with them.

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