

## THE DOMINION HOA PRIVATE EVENT SECURITY REQUIREMENT FORM

One Security Officer is required for resident's private parties and other special events that will have over 20 vehicles, but less than 50 vehicles. For events for more than 50 vehicles, one additional officer will be required for every 20 vehicles. Homeowners must coordinate with the HOA at <a href="Security@dominionhoa.com">Security@dominionhoa.com</a> or (210) 698-1232 for events expecting greater than 50 vehicles. Security Officers are required to ensure that safety is not compromised to the rest of the community by the increased traffic in the community and at the gate. If Security is given less than 72 hours advance notice of an event and a Security Officer cannot be assigned specifically to the event, the resident will be charged by the HOA for the additional security coverage provided by the on-duty Patrol Officer. Residents must provide a list of their guests to security or enter them online. The security staff is not responsible to call for unlisted guests.

**Private Event Address:** 

Date of Event:	Start Time:	_: am/pm	:am/pm
Number of Vehicles:	Number of Officers Re	quested:	
The costs listed below are per off a 4-hour minimum. An additiona		•	•
* The primary duties of the security driveways, block fire hydrants, or oth highest priority is to ensure emerger * Payment will be made to the HOA * Smith Protection Services, the this agreement, comprehensive General Insurance, and coverage for legal liab dishonesty of Smith Protection Servi	herwise impede the smooth ncy vehicles are in no way hin . Please contact the HOA for ird-party security provider for Liability insurance and Compositive for loss or damage to cli	flow of traffic to and from the ndered by the parked vehicles r payment options. or the Dominion HOA will main prehensive Automobile Liability	affected area. The Security Officers in the event of an emergency.  Intain throughout the period of this Insurance, Workers Compensation
	Contact and Bill	ling Information:	
Name:	Phone Number:		
Address:		Email:	
It is agreed and understood that Sperson, entity, or corporation, in entitled to retain the amount of a Please sign and date below indicate.	ncluding client, makes a can any such claim out of mon	claim against Smith Protect lies due or owing Smith Prot	ion Services, client shall not be