

EXHIBIT A

**PARKFAIRFAX CONDOMINIUM UNIT OWNER'S ASSOCIATION
UNIT SERVICES PROGRAM (USP) APPLICATION**

Unit Owner's Name(s) _____

Telephone Number(s) _____ (H) _____ (W)

Email Address _____

Unit Address _____

Unit Owner's Off-Site Mailing Address (If other than unit address):

Tenant Name and Telephone Numbers (if applicable): _____

Please check one of the following:

I/We authorize _____, my tenant to request services.

I/We DO NOT authorize anyone other than myself to request services.

I/We authorize _____, my agent, to request services.

I/We as unit owner(s) apply for membership of the Unit Services Program of Parkfairfax Condominium Unit Owner's Association subject to the rules and regulations of the Condominium, including Policy Resolution 11 and agree to the following terms:

1. The fee schedule in effect at the time of service will be followed.
2. All charges incurred under this program are the responsibility of the Unit Owner, and **payment is due upon receipt**. If the invoice payment is not received within thirty

(30) days the account is considered delinquent and a late notice will be sent to the owner.

3. The undersigned unit owner(s) hereby agrees that any and all charges incurred under this agreement shall be and may be collected by the Association as a condominium assessment against the owner and against such unit owner's condominium unit for the purposes of the Association's condominium instruments and the Virginia Condominium Act, including Section 55-79.84. and consistent therewith.
4. The undersigned unit owner hereby agrees to comply and abide with the terms and conditions of the Association's Unit Services Program Policy Resolution Related to Services Performed by Association Personnel within a Unit, as amended.

Unit Owner Signature

Date

Unit Owner Signature

Office Use Only

USP Director Signature: _____

copy to: Unit Owner
 Unit File