



Somerset Owners Association
AMENITY REQUEST FORM

Form to be turned in to the SOA on-site office located at The Club at Town Center. Staff will distribute form to the appropriate Committee for review and follow up. All suggestions will be considered based on the value they bring to the total community. Suggestions will be reviewed based on both capital costs to initiate and ongoing operating costs.

Amenity - something that benefits the SOA owners to the extent it increases the value or desirability of being an Owner. An amenity can be either tangible (Ex. gym) or intangible (Ex. a feature that provides comfort, convenience, or pleasure). Requests should not include any item which an Owner could reasonably expect to be provided by a governmental organization, is currently provided and/or provided under monopoly franchise grant or license from a governing body.

Name: _____

Property Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Item Requested: _____

Requesting and/or Supporting Members (Group, Club, and Organization) if any: _____

Purpose for Request: _____

Who in our community will be served by request? Demographics/age groups/special interests

What value would request bring to the owners and overall perceptions of the Community?

Is proposed item currently available to Owners from another source (i.e. city, county, state, or private) in our near our community? Yes No

If yes please explain the value of Somerset adding this amenity. _____

Continued to page two...



Somerset Owners Association
AMENITY REQUEST FORM

Budget Area Impacted: General Common Club at Town Center Private Streets/Gates

Estimated Capital Cost for initial purchase/acquisition/etc: _____

Estimated Annual Operating Cost for operation/maintenance/etc: _____

Operational Function of requested item (hours of operation, accessibility, etc):

If Staffing required for operations, please identify the number of staff and hours per week:

What sources of additional information on this item would be available to the Board/Committee to gather further information? (websites, articles, vendors, etc)

Signature: _____ Date: _____

TO BE COMPLETED BY SOA STAFF/COMMITTEE

Date Received: _____ Staff Initials: _____ BOD/Comm: _____

Initial Comments/Concerns: _____

Additional Information requested? Yes No Data Researched? Yes No

Homeowner Vote Required? Yes No Loan Needed? Yes No

Board or Committee Recommendation: Yes No Other _____

Additional Comments: _____

Date of Follow up Requester: _____ By: _____