HROA MUSSEL INSPECTION AGREEMENT

Lot	Tract	Member #	Address			
PROP	PROPERTY OWNER Name(s)					
TENA	NT Name(s <u>)</u>					
Phone	(Home)		(Work)	(Cell)		
Email	Address					
1. Inspections occur weekly Tuesday through Thursday.						
2. Wat	2. Watercraft <u>must</u> be plainly visible and accessible to inspectors.					

- 3. Verification form is valid for 21 days.
- 4. Please also submit the Vessel Screening Permit Form <u>for each vessel</u> included with this Agreement. All forms are located at <u>https://hroa.us/boating-information/mussel-inspections</u>.
- 5. Send completed forms to gate@hroa.us or leave in the After Hours Drop Box located outside the HROA Main Gate at 3945 Gateway Drive.
- 6. To pay, call the HROA Main Gate at 805-238-9641 x2 after you have submitted your forms.

3 Months	6 Months	12 Months	
(4 Inspections)	(9 Inspections)	(18 Inspections)	

\$45.00 1st Watercraft	\$90.00 1st Watercraft	\$165.00 1st Watercraft
\$30.00 Each additional	\$60.00 Each additional	\$110.00 Each additional
watercraft at same location	watercraft at same location	watercraft at same location

Please check one: 3-MONTH PROGRAM (4 inspections)

□ 6-MONTH PROGRAM (9 inspections) □ 12-MONTH PROGRAM (18 inspections)

Storage Location of Watercraft to be Inspected (indicate Storage Lot number or Slip number)

Location to Lea	ave Screening Per	mit (not in mailbox)			
Number of Wa	tercraft to be Inspe	ected:			
Watercraft #1_					
	Owner	Watercraft Registration # / CF #	Vessel Description	Decal #	
Watercraft #2					
	Owner	Watercraft Registration # / CF #	Vessel Description	Decal #	
Watercraft #3					
	Owner	Watercraft Registration # / CF #	Vessel Description	Decal #	

(Revised 02/13/2024)

The term of this AGREEMENT shall begin on the initial inspection and terminate on the final inspection. I understand and agree that I am authorizing HROA personnel to verify the storage of my watercraft at the above location on a tri-weekly basis during the term of this AGREEMENT. <u>I understand and agree that said watercraft will not launch in any other body of water other than Lake Nacimiento during the term of this AGREEMENT. I understand and agree that I will notify the HROA Mussel Inspection Manager or their representative at least 24 hours in advance if my watercraft will not be at the agreed upon location on the agreed upon dates and times throughout the term of this AGREEMENT, and that I will be required to undergo a separate screening and re-inspection for each of those occurrences at an additional charge not to exceed \$10.00 / occurrence.</u>

(Initial Here). In the event the vessel must leave the parameters of Heritage Ranch during the course of this agreement for scheduled maintenance or service repairs, I understand and agree to provide copies of the service receipt or invoice to the Mussel Department Manager or their representative. I understand and agree that I do not have to be present and the watercraft must be plainly visible and accessible to inspectors during the mussel inspections completed at the agreed upon location on the agreed upon dates and times throughout the term of this AGREEMENT.

In consideration for conducting tri-weekly mussel inspections at the above agreed upon location, WATERCRAFT OWNER agrees to indemnify and hold HROA free and harmless from any and all claims, liability, loss, damage or expenses resulting from WATERCRAFT OWNER's granting of access to HROA to conduct said tri-weekly mussel inspections, specifically, including (without limitation) any claim, liability, loss or damage arising by reason of death or injury of any person or persons, including WATERCRAFT OWNER, or by reason of damage to or destruction of any property, including property owned by WATERCRAFT OWNER, any of WATERCRAFT OWNER's guests, or any person acting as an employee, contractor or agent of WATERCRAFT OWNER who are on the premises as a result of the agreed upon activities, and caused or allegedly caused by either the condition of the said premises or some act of omission. HROA shall not be liable to WATERCRAFT OWNER for any loss due to theft, vandalism, fire, collision or natural disaster unless found negligent.

In the event the WATERCRAFT OWNER cancels this AGREEMENT and/or sells the vessel prior to the expiration date, I understand and agree to forfeit any remaining inspections on the program and shall not be entitled to any refund. In the event of launch ramp closure, WATERCRAFT OWNER understands and agrees to forfeit any remaining inspections on the program and shall not be entitled to any refund.

Print Name:		_		
Sign:			Date:	
FOR OFFICE USE ONLY Amount paid \$	() Credit/Debit	() Cash	() Check #	
Received by: Date:				
TO BE COMPLETED BY	MUSSEL DEPARTMEN	Т		
Initial Inspection to begin	ı on (date)	Fin	al Inspection (date)	

CREDIT CARD PAYMENTS

MASTERCARD, VISA or DISCOVER

DATE	ATE MEMBER ID #			
PROPERTY OWNER ACCOUNT NAME				
NAME ON CARD *ONLY I	NAME ON CARD *ONLY IF DIFFERENT *			
ADDRESS FOR CARD				
CITY		STATE	ZIP	
PHONE				
EMAIL ADDRESS				
SELECT ONE:	DEBIT CARD	CREDIT CAR	D	
CARD # (MC/VISA/DIS) _				
EXPIRATION / _	CCV#	AMOUNT \$	<u> </u>	
PAYMENT FOR				





<u> Mussel- Infested California Lakes as of January 2025</u>



**Infested by CDFW August 2021