

## WORK PASS APPLICATION

Work passes are issued to those persons who are working in the Village that are not residents nor members. This identification card is only for access to the Village, and not for recreation uses per Hot Springs Village, Arkansas Owner's Association Policy Guide, Chapter 1, Article 5, Section 5J.

Any use of a work pass to gain entry into Hot Springs Village for the purpose of using Hot Springs Village amenities and/or non-work visitation purpose, including, but not limited to beaches and lakes, will result in a 30 day suspension of the work pass with a second violation of such usage resulting in a one year suspension of the work pass.

### GATE ACCESS HOURS FOR WORKPASSES

MAY 15 THROUGH SEPTEMBER 15      5:45 AM – 7:00 PM  
SEPTEMBER 16 THROUGH MAY 14      6:30 AM – 6:00 PM

Any request for extended gate access hours **MUST** be submitted in writing to the Chief of Police. Written requests for extended hours must include Employee Name; Work Pass Number; the reason for the extended hours, including information on the hours scheduled to work outside of the normal hours; the gate that will be most utilized; and telephone numbers for both the Employer and Employee. Written requests may be sent to:

Hot Springs Village Police Department | 113 Calella Road | Hot Springs Village, AR 71909  
Attn: Work Pass Extension Request | Email at [Police@HSVPOA.org](mailto:Police@HSVPOA.org)

#### EMPLOYEE INFORMATION:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Phone Number

**I hereby acknowledge that the person listed herein is an employee of my company and authorized by me to obtain a workpass with Hot Springs Village POA ("HSV POA") for work within Hot Springs Village. I understand that said employee is subject all rules and regulations set forth by the HSV POA including but not limited to obtaining permits, obtaining permission to work outside of the hours listed above and any other requirements set forth in Hot Springs Village, Arkansas Owner's Association Declarations, Protective Covenants and Policy Guide.**

#### VEHICLE INFORMATION:

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate State/No: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate State/No: \_\_\_\_\_

\_\_\_\_\_  
Company Name

BY: \_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Business Telephone Number

\_\_\_\_\_  
Business Email Address

**(Mail to: HSVPOA; ATTN: WORKPASS RENEWAL; 895 DeSoto Blvd.; Hot Springs Village, AR 71909)**

-----TO BE COMPLETED BY POA PERSONNEL-----

WORKPASS # \_\_\_\_\_ DECAL # \_\_\_\_\_ GATE CARD # \_\_\_\_\_