

GUEST REGISTRATION FORM

Date:

| Unit | Number: | | | | | |
|-------------------------|--|----------------|--|--------------------------|----------------------|------------|
| Unit | Owner/Lessee Name: _ | | | | | |
| Gue | st's Name (S): | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| Gue | st's Mailing Address | | | | | |
| | _ | | | | | |
| Pern | nanent Guest Yes/No: | | is section applies to unests once every twelve (| | u may register up t | o four (4) |
| Temporary Guest Yes/No: | | | ngth of stay cannot be m he BOD) | nore than 14 consecu | tive days unless a | pproved |
| Length of stay: From: | | | To: | | | |
| Gue | st's Vehicle information: | | | | | |
| Mak | eMo | odel | Yr | Tag#/State | | |
| Mak | e Mo | odel | Yr Vr | Iag#/State Tag#/State | //////// | |
| Mak | e Mc e Mc e Mc | odel | | Tag#/State Tag#/State | | |
| | ne number(s) for Guest(s): | | | | | |
| Ema | il address(s) for Guest(s): | | | , | | |
| cer | the lawful owner of Unit # tify that the above named ind at I will provide my Guest(s) w | dividual (s) v | will be guests without the | e payment of any cor | nsideration. I hereb | y certify |
| | Owner's/Lessee's Signature |) | Owner's/Lessee's Print | t Name | Date | |

INTENDED TERMINATION DATE OF AUTHORIZATION: The undersigned agrees to notify Management, in writing, of the termination of this authorization. You are entitled to assume that this authorization is full force and effect until you receive a written notice of such termination.