

INDIAN SPRINGS LANDOWNERS ASSOCIATION
VACATION RENTAL APPLICATION

YEAR OF APPLICATION:

RENTAL ADDRESS:

OWNER NAME:

OWNER ADDRESS:

CARETAKER NAME:

CARETAKER ADDRESS:

CARETAKER 24-HOUR PHONE NUMBER:

DECLARATIONS

I have read the VACATION RENTAL POLICY in its entirety, and I agree with all responsibilities and consequences.

I understand the OWNER EXPECTATIONS and will comply with all directions and restrictions.

I have provided the Owner and contact information required under section OWNER EXPECTATIONS to the Secretary of the Indian Springs Landowners Association or have attached that information to this application.

I have posted/provided a copy of the TENANT EXPECTATIONS to all tenants renting the facility prior to booking their reservations.