

Registration of Guests/Tenants

Unit Owners Name:					
Unit #					
Unit Owner's Contac	ct Number _				
I hereby give permis	sion for:				
Name:					-
Address					_
Phone:					_
To be my guest(s)/te	nant(s) from	1	to		
There will be		(Date) and	and	(Date)	
(Numb	er of Adults)	(Number of Ch	ildren)	(Number of Pets	s)
Vehicle Information:	(Year)	(Make)	(Mode	l) (S	State & License Plate #
If the said occupants shall be personally r		, ,	y property,	or exhibit unsat	isfactory conduct, I
The above stated gu	iests/tenants	s have been advis	ed of the B	eacon Point Rul	les & Regulations.
Owners Signature_				[Date:

Instructions: Fill this form out for each guest or tenant that will occupy your unit when you are

not present.

Email to: <u>beaconpointcondo@gmail.com</u>