

TOWAMENSING TRAILS PROPERTY OWNERS ASSOCIATION RENTAL REGISTRATION FORM

NAME OF PROPERTY OWNER (PLEASE PRINT): _____

PROPERTY LOCATION THAT YOU ARE STAYING AT:

ACCT / LOT # _____ 911 # _____ STREET: _____

SIGNATURE OF PROPERTY OWNER _____ DATE _____

I HEREBY AUTHORIZE TTPOA TO RELEASE EIGHT(8) RENTER WRISTBANDS _____ (PROPERTY OWNER INITIALS)

DURATION OF STAY: FROM: _____ TO: _____

RENTER NAME (PLEASE PRINT): _____

RENTER MAILING ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

(PHONE): _____ (ALT): _____

SIGNATURE OF RENTER: _____

ALL LICENSES PLATES STAYING AT THE ABOVE MENTIONED PROPERTY:

STATE: _____ PLATE # _____ STATE: _____ PLATE # _____

STATE: _____ PLATE # _____ STATE: _____ PLATE # _____

STATE: _____ PLATE # _____ STATE: _____ PLATE # _____

STATE: _____ PLATE # _____ STATE: _____ PLATE # _____

DID YOU RECEIVE A COPY OF THE RULES OF CONDUCT REVISED JANUARY, 2010: YES OR NO

WHO WILL BE PICKING UP RENTAL PACKET: _____

FOR QUESTIONS OR COMPLAINTS PLEASE CONTACT: _____

OFFICE USE ONLY:

WRISTBAND #S:

INITIALS: _____