



CONDOMINIUM ASSOCIATION

GUEST REGISTRATION

Building Number: _____ Unit Number: _____

Owners Name(s): _____

Owner(s) ☞☞☞☞ In Residency _____ Owner(s) ☞☞☞☞ Not In Residency _____

Guest's Name(s): _____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

Guest's Vehicle Information

Make: _____ Color: _____ Tag: _____

Anticipated Date Of Arrival: ___/___/___ Anticipated Date Of Departure: ___/___/___

(If Your Stay Exceeds 30 Days, Board Approval Is Required)

By Signature Below, I Acknowledge That The Information Provided Is True. I Also Acknowledge That I Have Read, Understand And Will Abide By The Rules Of The Association.

Date: ___/___/___

(Signature of Guest)