Park Villas Association – Peppertree

ACCOUNT NUMBER: _____

DATE OF EVENT: _____ DATE: _____

PURPOSE OF RENTAL: _____

TIME RESERVED FROM: _____ TO: _____ NUMBER OF GUESTS_____

NAME OF HOMEOWNER/LESSEE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

If the facility is being reserved on behalf of the TENANT, Homeowner/Lessee hereby agrees that all violations, damages, and/or costs incurred by the Homeowners Association during the use of the facility by the LESSEE, TENANT and/or their guests are the sole responsibility of the HOMEOWNER/LESSEE and may also result in forfeit of the security deposit. I have received a copy of the clubhouse rules and agree to abide by these guidelines.

_____ _____

SIGNATURE OF HOMEOWNER/LESSEE DATE

NAME OF PERSON AUTHORIZED BY HOMEOWNER/LESSEE TO USE FACILITY:

NAME OF TENANT: _____

PROPERTY ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

_____ _____

SIGNATURE OF TENANT DATE

**********FOR OFFICE USE ONLY**********

RESERVATION CONFIRMED BY: _____ DATE: _____

KEY SET # GIVEN OUT: _____

CLEAN UP VERIFIED BY: _____

DEPOSIT WITHHELD: $_____ REASON: _____

DEPOSIT REFUNDED: $_____ DATE: _____ BY: _____

REFUND RECEIVED BY: _____DATE: _____