TOWN PLACE CONDOMINIUM ASSOCIATION, INC.

ADULT (18+) GUEST REGISTRATION FORM

Name of Owner:Address of Unit:			
		Relationship of Guests to Owner:	
		Expected Guests Arrival Date:	
Expected Guests Departure Date:			
Will the Guest/Guests occupy the Unit in the absence of the Owner? () Yes () No		
Will the Guests be operating a vehicle on Association Property? () Yes () No		
Tag, Make, and Model of Guest Vehicle:			

Under the penalties of perjury, I swear that the relationship information stated herein is true and that no form of compensation has been or will be given to the Owner for the occupancy.

OWNER SIGNATURE

GUEST SIGNATURE

DATE

DATE

GUEST SIGNATURE

DATE