

**TRAILER ESTATES PARK AND RECREATION DISTRICT
AGREEMENT OF RESPONSIBILITY RENTER RESIDENT PP 28**

OWNER NAME: _____
PROPERTY ADDRESS: _____

<u>RENTER(S) NAME(S)</u>	<u>AGE AND DATE OF BIRTH</u>
_____	_____
_____	_____
_____	_____

DURATION OF LEASE, FROM _____ **TO** _____

I AM THE OWNER (OR AGENT) OF THE ABOVE PROPERTY IN TRAILER ESTATES. I ACCEPT THE RESPONSIBILITY AND ACCOUNTABILITY BOTH FOR THE COMPLIANCE OF ALL RULES AND REGULATIONS GOVERNING THE USE OF TRAILER ESTATES COMMON FACILITIES AND THE FISCAL RESPONSIBILITY FOR ANY DAMAGE THAT THE ABOVE NAMED PERSON(S) AND THEIR GUESTS MAY CAUSE. **I ALSO UNDERSTAND THAT I MAY NOT GIVE, LEND OR SELL A FOB TO SAID COMMON FACILITIES TO ANY RENTER.**

OWNERS' SIGNATURE: _____ **DATE:** _____
(SIGNATURE MUST BE NOTARIZED IF NOT SIGNED IN TRAILER ESTATES OFFICE)
THE ABOVE TO BE COMPLETED BY OWNER.

BELOW TO BE SIGNED BY RENTER RESIDENT:

I UNDERSTAND AND AGREE TO PAY AN **ANNUAL REGISTRATION FEE OF \$50.00. ADDITIONALLY, FOR A FEE OF \$75.00 PER FOB.** ONE (1) FOB WILL BE ISSUED AND AN ADDITIONAL FOB MAY BE ISSUED, IF NEEDED, FOR AN ADDITIONAL RENTER THAT IS LISTED ON THE AGREEMENT OF RESPONSIBILITY RENTER RESIDENT FORM. A MAXIMUM OF TWO (2) FOBS WILL BE ISSUED TO A PROPERTY ADDRESS. I MUST PAY A FEE OF \$75.00 FOR EACH FACILITY FOB, OF WHICH \$50.00 IS REFUNDABLE UPON RETURN OF EACH FOB. **FOB MUST BE RETURNED IMMEDIATELY UPON EXPIRATION OF THIS RENTAL AGREEMENT AND MAY ONLY BE USED FOR THE DURATION OF THIS LEASE AS STATED ABOVE. OR COMPLETE FEE IS FORFEITED.** IF A FOB IS LOST DURING THE RENTAL PERIOD, THE COMPLETE FEE IS FORFEITED. FOB FEE WILL BE REFUNDED ONLY BY TRAILER ESTATES CHECK WRITTEN IN THE PARK OFFICE. I AGREE TO ALL THE PROVISIONS OF THIS LEASE AGREEMENT.

RENTER RESIDENT
SIGNATURE: _____ **DATE:** _____

FOB NUMBER ISSUED: _____ DATE FOB RETURNED _____
POST OFFICE BOX NUMBER: _____ PHONE NUMBER _____
AGE VERIFICATION FORM REQUIRED TO OBTAIN FOB AND/OR RESIDENT RENTER CARD
EMERGENCY CONTACT PERSON:
NAME: _____
PHONE NUMBER (S): _____
\$50.00 REGISTRATION FEE PAID: CASH _____ CHECK _____