

**TRAILER ESTATES PARK & RECREATION DISTRICT
AGREEMENT OF RESPONSIBILITY
RENTER RESIDENT**

PP 52

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 KEY 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 ANNUAL REGISTRATION FEE OF \$25.00 AND THAT ONE (1) KEY WILL BE ISSUED. AN ADDITIONAL KEY 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) KEYS WILL BE ISSUED TO A PROPERTY ADDRESS. I MUST PAY A DEPOSIT OF \$75.00 FOR EACH FACILITY KEY, WHICH IS REFUNDABLE UPON RETURN OF KEY (S). (FEE CHANGE ADOPTED 11/21/2005 AND EFFECTIVE 12/1/2005) KEY 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 DEPOSIT IS FORFEITED. IF A KEY IS LOST DURING THE RENTAL PERIOD, THE COMPLETE DEPOSIT IS FORFEITED. KEY DEPOSIT WILL BE REFUNDED ONLY BY TRAILER ESTATES CHECK WRITTEN IN THE PARK OFFICE ON TUESDAYS, THEREFORE, KEYS MUST BE RETURNED NO LATER THAN 3:00 PM ON MONDAYS.

I AGREE TO ALL THE PROVISIONS OF THIS LEASE AGREEMENT.

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

KEY NUMBER ISSUED: _____ **DATE KEY RETURNED** _____
POST OFFICE BOX NUMBER: _____ **PHONE NUMBER** _____
AGE VERIFICATION FORM REQUIRED TO OBTAIN KEY AND/OR RESIDENT RENTER CARD
EMERGENCY CONTACT PERSON:
NAME: _____
PHONE NUMBER (S): _____
\$25.00 REGISTRATION FEE PAID: CASH _____ **CHECK** _____