

**TRAILER ESTATES PARK AND RECREATION DISTRICT
AGREEMENT OF RESPONSIBILITY FOR GUEST (S) CARDS PP 35**

OWNER NAME: _____

PROPERTY ADDRESS: _____

RENTER NAME: _____

GUEST (S) NAMES **AGE OR DATE OF BIRTH**

DURATION OF VISIT, FROM _____ **TO** _____ **TOTAL DAYS** _____

I AM THE OWNER, RENTER 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 NAMES PERSON (S) AND THEIR GUEST MAY CAUSE.

I DO HEREBY CERTIFY THAT NONE OF THE ABOVE GUEST (S) HAVE EXCEEDED OR WILL EXCEED THE 30-DAY ANNUAL LIMIT PER YEAR PER GUEST AS RECORDED ON FEBRUARY 5, 1993 IN THE PUBLIC RECORDS OF MANATEE COUNTY.

Guest(s) have authorization to use key number(s): _____

Lost key(s) issued to the above property: _____

SIGNATURE _____ **DATE:** _____

CHECK ONE (1) OWNER RENTER AGENT
(SIGNATURE MUST BE NOTARIZED IF NOT SIGNED IN TRAILER ESTATES OFFICE)

VIOLATION OF RULES MAY RESULT IN LOSS OF GUEST PASS PRIVILEGE.