

GUEST REGISTRATION FORM

UNIT # _____

This form must be completed and turned into the office at least 5 business days prior to the arrival of any guest(s) who will be occupying your unit **in your absence**. If it is not turned into the office, your guests will be denied entry to the condo building or will be removed as trespassers. Please understand that this procedure is necessary to safeguard the security of our residents.

This form is NOT to be used for renters.

A "guest" is defined as any person who occupies your unit with your permission without the payment of monetary rent or any other consideration or thing of monetary value in kind.

A "renter" is defined as any person who occupies your unit with your permission with the payment of monetary rent or any other consideration of monetary value in kind. Occupancy by a renter must be arranged by following the Unit Rental Rules and forms, not by use of this form.

DATE ON WHICH THIS FORM IS PREPARED: ____/____/____

LIST NAME(S) OF OWNERS AND SPOUSES:

_____ PHONE (____) ____-_____
_____ PHONE (____) ____-_____

STARTING DATE AND ENDING DATE OF GUEST OCCUPANCY;

____/____/____ TO ____/____/____

NAME, ADDRESS, AND CELLPHONE NUMBERS OF ALL PERSON(S) WHO WILL BE OCCUPYING THE UNIT IN YOUR ABSENCE:

#1 NAME _____ CELL (____) ____-_____
ADDRESS _____

#2 NAME _____ CELL (____) ____-_____
ADDRESS _____

LIST ADDITIONAL ON BACK SIDE OF PAGE.

DO YOU CLAIM THE OCCUPANT(S) IS RELATED TO YOU BY BLOOD OR MARRIAGE? YES _____ NO _____

IF "YES" DESCRIBE THE RELATIONSHIP IN DETAIL HERE AS TO EACH OCCUPANT;

EMERGENCY PHONE CONTACT NUMBER PREFERRED BY OCCUPANT:

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IF THE GUEST WILL BE PARKING IN YOUR SPACE, PROVIDE THE FOLLOWING;
OWNER SPACE NUMBER _____

GUEST:

MAKE _____
MODEL _____
YEAR _____

AUTO LIABILITY INSURANCE COMPANY:

NAME _____

POLICY # _____

NAME OF OWNER'S CONDOMINIUM UNIT LIABILITY INSURANCE COMPANY

_____ POLICY # _____

I UNDERSTAND THAT I (WE) WILL BE RESPONSIBLE FOR THE CONDUCT OF THE OCCUPANTS DURING THEIR OCCUPANCY AND THAT I (WE) WILL BE RESPONSIBLE FINANCIALLY FOR ALL DAMAGES AND LEGAL COSTS, INCLUDING ATTORNEY FEES, WHICH MAY BE EXPERIENCED BY THE 121 GOLDEN CONDOMINIUM ASSOCIATION, INC., AND ANY OF ITS RESIDENTS ARISING FROM OF ABOVE-DESCRIBED GUEST OCCUPANCY.

SUBMITTED THIS _____ DAY OF _____, 20_____.

ALL UNIT OWNERS; _____