

**TRAILER ESTATES PARK AND RECREATION DISTRICT
AGREEMENT OF RESPONSIBILITY FOR GUEST(S) FOB-IDs PP 30**

OWNER NAME: _____

PROPERTY ADDRESS: _____

RENTER NAME: _____

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

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

I AM THE OWNER, RENTER OR AGENT OF THE ABOVE PROPERTY IN TRAILER ESTATES. I ACCEPT THE RESPONSIBINALITY 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 DO HEREBY CERTIFY THAT NONE OF THE ABOVE GUEST (S) HAVE EXCEEDED OR WILL EXCEED THE 30-DAY ANNUAL LIMIT PER YEAR PER GUEST PER TRAILER ESTATES'S DEED RESTRICTIONS.

OWNERS' SIGNATURE: _____ **DATE:** _____

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

(SIGNATURE MUST BE NOTARIZED IF NOT SIGNED IN TRAILER ESTATES OFFICE)

VIOLATION OF RULES MAY RESULT IN LOSS OF GUEST FOB-ID PRIVILEGE.