Shorewood Hills Homeowners Association

Long-Term Renter Registration

Shorewood Homeowner Name: _____

Shorewood Address: _____

Renter Information

Renter Names: _____

Home Address: _____

Cell phone(s): _____

Emergency Contact (not staying at rental)

Name: _____

Cell Phone: _____

Relation: _____

Rental Dates: _____

Renter vehicle info: _____

Make:	**Model:**	**License Plate:**
Make:	**Model:**	**License Plate:**
Make:	**Model:**	**License Plate:**

On behalf of the renter and all occupants, I certify that I have provided them with the Shorewood Hills Rules and Guidelines. I accept responsibility for ensuring they comply with all rules and guidelines of the Association during their stay.

_____ _____

Signature of Homeowner Date

Please return this completed form to the Property Management Office within 24 hours of lease start date.

shorewoodhills12370@gmail.com