

Los Lagos II Homeowners ASSOCIATION NO. 1

1700 Montana Vista Lake Havasu City, AZ 86403-9399 www.loslagosvistashoa.com



TENANT REGISTRATION FORM - RENTAL

Building #	Street Address			Date	
OWNER: Name (s)	1			
Email	N	Tailing address of Own	er		
RENTAL AGENCY? Y / N NAMEContact person TENANT NAME					
Additional Occup	pant(s):			Phone #	
Family member?	Y / N Relationship to C		TOTAL # occupants		
PETS? Y/N Do	og How many	Breed		Cat	How many
of the UNIT Owne		nere to Rules regarding a les are not followed. I has six months)	ave read the Pet Rul	les	
Move in date	M/D/Y	M	ove out date	M/D/Y	
RENTAL FULL-	TIME? Y/N (over 6	months, when applicable) Move in date		
	RMATION - no more th	nan 3 vehicles per Unit. pats, trailers, motorcycl	CARPORT es, etc.	Renter is us:	ing carport? Y/N
1					
Ma	ake model	year	color	license #	
2Ma	ake model	year	color	license #	
3. Recreational?	Y/N		coribo		

CONTINUE TO OTHER SIDE AND SIGN

CONTINUE BELOW AND SIGN

The following standards shall apply:

- 1. No unit may be sublet or re-rented by the tenant.
- 2. Tenant shall not make any repairs or alterations to the outside of the unit without written consent from the Owner and from Los Lagos II Homeowners Association No. 1.
- 3. The following infractions shall be deemed grounds for violation notices, possible fines, or eviction:
 - a. Improper, immoral, unlawful, or objectionable conduct and disturbances offensive to other tenants or neighbors.
 - b. Any condition requiring the attention of Los Lagos II Homeowners Association No 1's Board of Directors or law enforcement authorities.
 - c. Violation of CC&Rs or Rules and Regulations.

My signature below is acknowledgement of my understanding of the foregoing conditions, and I acknowledge receiving a copy of this agreement.

I have <u>received a copy, have read, understand, and accept</u> the Declaration and Rules and Regulations, and I agree to abide by them. I am aware that the Owner may be fined if any portion of the *Declaration or Rules* are violated.

Tenant/Occupant	Date	M/D/Y
Tenant/Occupant	Date	M/D/Y
Ounce/or Dental Agency (if applicable)	Date	M/D/V
Owner/or Rental Agency (if applicable)		M/D/Y

Owner/Rental Agent: Please send this completed form to:

Los Lagos Board of Directors, 1700 Montana Vista, Lake Havasu City, AZ 86403, Or email to bod@loslagosvistashoa.com

Received / acknowledged by	BOD/	Circle Captain Chair on _		
		·	Date	
Signed				