TRAILER ESTATES PARK AND RECREATION DISTRICT
AGE VERIFICATION DATA

PROPERTY INFORMATION: ***DATE:_____***

ADDRESS:_____

PROPERTY OWNER(S):

_____DOB_____AGE_____

_____DOB_____AGE_____

OCCUPANTS(S) (IF NOT OWNER ABOVE):

_____DOB_____AGE_____

_____DOB_____AGE_____

RELATIONSHIP TO OWNER(S):_____

INFORMATION OBTAINED FROM:

DRIVERS LICENSE _____

BIRTH CERTIFICATE _____

OTHER _____ (state what other document used)

VOTERS REGISTRATION_____AFFIDAVIT NUMBER_____
***NOTE: Attach Photocopy of Document Used**

I AM THE OWNER (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 NAMED PERSON(S) AND THEIR GUESTS MAY CAUSE.

OWNERS'SIGNATURE:_____DATE:_____
(SIGNATURE MUST BE NOTARIZED IF NOT SIGNED IN TRAILER ESTATES OFFICE)

INFORMATION OBTAINED BY:

_____
Print Name

_____
Signature