

**TRAILER ESTATES PARK AND RECREATION DISTRICT
AGREEMENT OF RESPONSIBILITY FOR GUEST(S) CARDS 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 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. ONLY REGISTERED GUESTS MAY USE MY FOB(S). THE FOB NUMBER(S) WILL BE LISTED ON THE GUEST CARD

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 AS RECORDED ON FEBRUARY 5, 1993 IN THE PUBLIC RECORDS OF MANATEE COUNTY.

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

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

VIOLATION OF RULES MAY RESULT IN LOSS OF GUEST PASS PRIVILEGE.