



**HAMILTON COVE
HOMEOWNERS ASSOCIATION**

SHORT TERM RENTERS INFORMATION SHEET

Owner Name _____ **Bldg** ___ **Unit** ___ **Bedrooms** _____

Rental Agency, if applicable _____

Preferred Phone No _____ **Email address** _____

Arriving _____ **Departing** _____

No Unit shall be rented to any Short Term Renters where the number of people in the rental group exceeds the actual sleeping accommodations provided in the Unit. The rule is based on the original configuration of a Unit and is as follows:

BEDROOMS	OCCUPANCY
1	4
2	6
3	8
4	10

(Rules and Regulations p 41)

Full names of Short Term Renters regardless of age:

STR 1 _____

STR 2 _____

STR 3 _____

STR 4 _____

STR 5 _____

STR 6 _____

STR 7 _____

STR 8 _____

STR 9 _____

STR 10 _____

The undersigned Owner or Approved Rental Agency hereby certifies awareness of the Rules and Regulations applicable to Short Term Renters, that the Short Term Renters have been made aware of the Rules and Regulations and have been advised that they must conform to the Rules and Regulations.

Signed _____ Dated _____
Owner

OR

Signed _____ Date _____
Approved Rental Agency

FAX TO SECURITY GUARD 310 510 2328 AND TO THE BUSINESS OFFICE 310 510 9532

OR EMAIL TO: hamiltoncoveassoc@sbcglobal.net