STONEHEDGE ON THE HILL

A 55 and older RESIDENT OWNED COMMUNITY
39820 US 19 NORTH
TARPON SPRINGS, Fl. 34689
(727)934-7917 Fax (727)942-4976

Rental Approval Form

OWNER INFORMATION: **UNIT #** _____ **Date:**_____

Name(s)_____

Address:_____

City, State,Zip: _____

Telephone:_____

RENTERS INFORMATION:

Name(s):_____

Address: _____

City, State, Zip: _____

Telephone:_____

Rental Term: (3 month minimum)

Expected Arrival Date: _____

Expected Departure Date :_____

We understand that it is our responsibility to check into the office upon arrival and check out upon departure within a day or 2 of each

We understand that our rental agreement is with the owner and the owner is ultimately responsible for our actions within the park, although that does not release us from our responsibility of abiding by the Rules and Regulations of the Park during our stay.

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Renter(s):_____

_____

# of cars _____ Plate #:_____ 2nd car Plate # : _____

I/We have _____ have not_____ rented in Stonehedge prior to this year. If yes, unit# _____

How did you learn about Stonehedge ? _____

Local Emergency contact:

Name: _____ Phone#:_____

Additional emergency or other information:

_____

_____

_____ Provided with a North Gate opener (Gate clicker) by the owner

_____ Provided with a copy of the Rules and regulations

_____Provided copy of Drivers license (proof of age) to the office

We fully understand and will abide by the Rules and Regulations of Stonehedge Residents

Renters Signature(s) :_____

_____

Interview signature: _____