



Fountain of Youth Spa RV Resort

## GUESTS OF HOMEOWNER'S TENANT FORM

### re: GUESTS OF HOMEOWNER'S TENANT (Day or Overnight)

This form is utilized to manage security and access to this property.

We also need to know who is on site in case of emergency.

**Submit this form to the Homeowner's Leasing Office.\***

**We do NOT register your guests.**

**We do NOT enter them into our system.**

#### Homeowner information:

NAME \_\_\_\_\_ Space # \_\_\_\_\_

Phone Number (best number to reach Homeowner) \_\_\_\_\_

HOMEOWNER hereby notifies FOY that the following Guest(s) of their Tenant will be on FOY property and may use facilities (while accompanied by Tenant) for the dates as listed.

#### Guest Information:

Guest(s) Full Name(s) \_\_\_\_\_  
and Phone Number(s) \_\_\_\_\_

Dates of Guest Occupancy From \_\_\_\_\_ To \_\_\_\_\_

Vehicle Information (all passes will have Lic Plate #

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_ Plate #: \_\_\_\_\_

Homeowner Signature \_\_\_\_\_

**\*\* We will not issue a parking pass without your signature**

**You must sign as this tells us YOU are authorizing this person to be on your site and are accepting responsibility for their actions.**

**\*Homeowner is responsible for all actions, and fees incurred by guests.\***

**\*\*The Fountain of Youth reserves the right to ask Homeowner's guest(s) to leave the park at any time.**

Homeowners must inform the Homeowner's Leasing Office via this form if their Tenant plans to have Guests. The Leasing Office will inform/instruct the gate. **Homeowner's will be billed \$10 per day, per person for Guests of their Tenants.** Only the Guest(s) listed above are allowed to occupy the home and/or use park's facilities.

#### OFFICE USE ONLY:

Date Request Received \_\_\_\_\_ Approved or \_\_\_\_\_

Reason for disapproval (if applicable) \_\_\_\_\_

Homeowner's Leasing Office Comments \_\_\_\_\_

#### Date Sent to Gate

Total days for this visit \_\_\_\_\_ Total days this year \_\_\_\_\_ (includes this visit)

Visitor fees to be billed (\$5.00 per person, per day if >30 days annual or >20 days consecutive maximum is exceeded)

# Visitors \_\_\_\_\_ @ \$10.00 \_\_\_\_\_ Date billed/by: \_\_\_\_\_