



Fountain of Youth Spa RV Resort

## FOY HOMEOWNER'S GUEST FORM

re: GUEST OF HOMEOWNER'S HOME (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) \_\_\_\_\_

As required by my lease and/or the Good Neighbor Policies of the Fountain of Youth Spa : HOMEOWNER hereby notifies FOY that the following guest(s) will be on FOY property and may use facilities (while accompanied by owner) for the dates as listed. (per Sec 2 of lease and/or FOY Rules.)

### 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.**

For occupancy of more than 2 weeks, one member of the guest's party must be 45 years of age or more. Upon arrival and prior to occupancy of the home, tenants must inform the Homeowner's Leasing Office via this form. The Leasing Office will inform/instruct the gate. **Occupancy greater than 30 days per year or 20 CONSECUTIVE days are subject to guest fees of \$5 per person per day.** (Bolded sentence is quote from MRL. It means 30 days spread throughout the year OR 20 days consecutive - whichever occurs first.) Only the guest(s) listed above are allowed to occupy the home and/or use park's

### 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 \_\_\_\_\_ @ \$5.00 \_\_\_\_\_ Date billed/by: \_\_\_\_\_