

MT. POCAHONTAS PROPERTY OWNERS' ASSOC, INC. 386 OLD STAGE ROAD ALBRIGHTSVILLE; PA 18210 PHONE (570)722-9220 FAX (570)722-2605

E-MAIL: <u>mppoa@ptd.net</u> or <u>www.mtpocahontas.com</u>

SHORT TERM TENANT REGISTRATION FORM

Please complete this form and return to Mt. Pocahontas POA. Information supplied will be kept confidential.

Please update this form every time you have new renters. Please fill this form out and email or fax it to the office.

Rental Date	e Begins:	Renta	Date Ends:	
*****	*****6 ACTIVITY WRIS	ST BANDS WILL BE	GIVEN TO EACH I	RENTAL********
I		understan	d that I am respons	sible for the renters at:
Prope	erty Owners' name (as	deeded)		
Lot #	91 [.]	1 Property Address _		
I can be read	ch at either	-		
, 30 · 30	HOME	WORK		CELL
	ERS' SIGNATURE		DATE	
OWN	INO SIGNATIONE		DATE	
	rs who will be occu _l			
	E			
HOW MAN	Y OCCUPANTS WILL	BESTAYINGINCLUD	ING CHILDREN:	
TENANTS W	VILL HAVE THE FOLLO	OWING VEHICLES ON	THE PROPERTY:	
MAKE	MODEL	YEAR	COLOR	PLATE#
MAKE	MODEL	YEAR	COLOR	PLATE#
MAKE	MODEL.	YEAR	COLOR	.PLATE#_