



CLIFFTOPS PROPERTY OWNERS ASSOCIATION

TENANT REGISTRATION FORM

TENANT NAME: _____

HOME ADDRESS: _____

CONTACT TELEPHONE NUMBER: _____

VEHICLE #1

MAKE _____ MODEL _____

COLOR _____ LICENSE NUMBER _____ State _____

VEHICLE #2

MAKE _____ MODEL _____

COLOR _____ LICENSE NUMBER _____ State _____

EXPECTED ARRIVAL DATE: _____

EXPECTED DEPARTURE DATE: _____

Clifftops Lot #: _____

Clifftops Street Address: _____

Monteagle, Tennessee 37356

I/We have provided each Tenant with a copy of the Clifftops Property Owners Association Rules and Regulations.

I/We understand that as Clifftops Property Owners Association Members I/We are responsible for the acts and omissions of our Tenant/s in accordance with Clifftops Property Owners Association Rules and Regulations, including, but not limited to, any loss or removal of or damage to Association property. I/We understand that granting access to non-Association Members and the use of access control devices issued to or on behalf of a Member/Owner are the responsibility of and must be provided by the Member/Owner in accordance with Association procedures.

Member/Owner Name: _____

Member/ Owner Signature: _____