

LE CHATEAU OVERNIGHT GUEST AFFIDAVIT

This form is to be completed by unit owners when owners **WILL NOT** be present during a guest(s) overnight stay. The form must be submitted to the Board Association President 48 hours prior to guest arrival.

OWNER NAME(S): _____

UNIT #: _____

GUEST NAME(S): _____

RELATION TO OWNER: _____

Please provide a guest contact name and phone number:

NAME: _____

PHONE: _____

DATES OF STAY: _____

The Owner attests that guests will be staying in the unit indicated above for the period stated and that all guests have been made aware of and will abide by the policies, rules and regulations of the Le Chateau Association.

In addition, the owner attests that he/she IS NOT receiving remuneration in exchange for the stay.

OWNER NAME: _____ SIGNATURE: _____

OWNER NAME: _____ SIGNATURE: _____

DATE: _____