

GUEST SUITE # 1 #2

Woodside Association, Inc. Guest Suite Rental Agreement/Deposit Receipt

Suites are **Non-Smoking, No Pet(s)**, and are for the exclusive use of residents and their guests.

Name of Homeowner/Resident (circle one): _____

Unit Address: _____ Telephone Number: _____

Name of Guests (s): _____

Check **IN** date: _____ Check **OUT** date: _____

Check in time is 2:00 P.M. Check out time is 11:00 A.M.

Call Security after hours to pick up the keys. (916-849-6828).

Total # of Stay: _____ Total Due (\$49.00 or \$60.00) per Stay: _____

CANCELLATION MUST BE ONE WEEK PRIOR TO RENTAL DATE AND ENTIRE RENTAL FEES ARE DUE ONE WEEK PRIOR TO RENTAL.

**A \$60.00 DEPOSIT AND THE HOMEOWNERS SIGNATURE BELOW IS
REQUIRED TO RESERVE THE ROOM.**

Items missing from the Guest Suites will be charged to the Owner of the unit whose approved guest rented the Guest Suite(s). The Association's cleaning personnel shall use a checklist on a daily basis to discover any missing items so they may be charged to the responsible Owner. Owners will be notified within 72 hours of all missing or damaged items and will be billed on the next monthly statement.

Pickup trucks, any open bed vehicles, commercial and recreational vehicles (RV's), campers, trailers, boats, **motorcycles**, etc. must be parked outside of the property boundaries. Any vehicle of this type parked on the property is subject to being towed **without notice** at the vehicle owner's expense. Guest(s) must park in GREEN spaces.

Your deposit of \$ _____ has been received on _____

The balance due is \$ _____ no later than _____

OWNER'S SIGNATURE: _____ DATE: _____

TENANT'S SIGNATURE: _____ DATE: _____