HURON DUNES ASSOCIATION REQUEST TO RENT SUBDIVISION PROPERTY

Date:	Request #:	(Association Only)
Member Name:		
Property Address (lot & number)		
Phone Number Where Member Can Be Reached Du	ring Tenancy:	
Proposed Rental Period (cannot be for less than 7 days; rules	s allow only 3 rentals per calendar year):	
Tenant's Name:		
Tenant's Address:		
Tenant's Phone Number:		
Check List of Materials to Provide Association:		
□Copy of Lease	☐ Evidence of Insurance	
The Member asks that the Association approve this rental misconduct by Association members, Trustees, employees or Members, does hereby agree to indemnify and hold the Associany and all direct or indirect claims, liabilities, damages or losse members and / or guests related to their tenancy at Huron Du. The Member acknowledges that they have read the Associat Article IV and agrees to comply with it.	authorized agents, the Member, for them ciation, its Trustees and members harmles es suffered by the Tenant identified above unes.	selves and any co- ss from and against , any of their family
Signed:	Date:	
FOR ASSOCIATI	ON USE ONLY	
☐ APPROVED (subject to any conditions identified below	v) DENIED	
Conditions:		
By the Association:	Date:	