

**Town Shores of Gulfport #218, Inc.  
Buckingham House**

**NON-PAYING GUEST REGISTRATION (TO BE COMPLETED BY OWNER/S)**

In accordance with the rules and regulations governing your Condominium Association, the following information must be submitted to your Association any time guest(s) will occupy your unit in your absence. **This form must be completed and returned two weeks before the arrival of your guest(s) to either your Floor Captain or any of the Buckingham Board of Directors.**

|   |  |
|---|--|
| PRINT NAME OF UNIT OWNER/S: _____   |  |
| UNIT #: _____   | PARKING SPACE #: _____                 |
| The following guest(s) will be occupying my unit from: ____/____/____ to: ____/____/____<br>MM DD YR MM DD YR |  |
| NAME(S) OF ADULT(S): _____<br>_____   |  |
| NAME(S) OF CHILDREN: _____  | AGE: _____                             |
| _____   | AGE: _____                             |
| _____   | AGE: _____                             |
| GUEST(S) HOME ADDRESS: _____  |  |
| CITY: _____   | ST/PROV: _____ ZIP/ POSTAL CODE: _____ |
| VEHICLE MAKE: _____ COLOR: _____ YEAR: _____ ST/PROV: _____ TAG #: _____                                      |  |

- I hereby state that I agree to the following conditions:
1. Guest(s) are not permitted to bring pets of any type onto condominium premises.
  2. I have advised my guest(s) and have provided them with a written list of all rules regulations as they pertain to the above unit and to the community.
  3. As a unit owner, I remain responsible for all obligations of ownership as set forth under the terms & conditions of the Declaration of Condominium, Articles of Incorporation, and By-Laws of the Association.
  4. I will be held responsible for any and all actions of my guest(s). I have provided them with guest tags for the recreation facilities and assume full responsibility for the charges levied in the event the tags are lost or stolen. I will inform my guest(s) that they must carry their tags at all times while on Town Shores property.
  5. I certify under penalty of perjury that compensation has not been paid relative to the occupancy of my unit.

|                           |
|---------------------------|
| For Association Use Only! |
| Date Rec'd: _____         |

\_\_\_\_\_  
Signature of Unit Owner/s

\_\_\_\_\_  
Date