

Facilities Access Release for Tenants

This form must be completed by the owner of real property in the district to allow tenant to have access to the district facilities.

Property Owner / Lessor (Landlord) Name *

First Name Last Name

Rental Address *

Street Address

Unit

Lessee (Tenant) Information (Name on the Lease) *

First Name Last Name

End of the Current Lease *



Month Day Year

Tenant Email

example@example.com

I the Lessor (Landlord) own the rental address identified above. I hereby understand that by signing this document I transfer resident access to the district owned facilities to the tenant of my property, listed above. This transfer of access will expire on December 31, of the current year, or the end of the current lease (listed above) whichever is first. I understand that the purpose of this form is to allow Stonegate North Villages Metropolitan District and its Management Company, PCMS, to determine the current residents eligible to use the district facilities.

Signature
