ASSOCIATION OF UNIT OWNERS OF THE BLUFFS 8-15-24

RENTAL NOTIFICATION FORM

Bluffs Units may be rented ONLY for periods of <u>not less than 90 days</u> to a single family. No short-term rentals are permitted; no sub-letting is permitted.

| OWNER | UNIT # |
|---|---|
| ADDRESS | |
| PHONE #'s | Email |
| Please be advised that my UNIT# is be | |
| for a period ofconsecutive days (not le | ess than 90 days) from the specific dates |
| beginning and ending | ıg |
| I understand that any infraction of Bluffs or Salisl renter and any fines assessed are my responsibilit my renters. | · · · · · · · · · · · · · · · · · · · |
| Owner's Signature | Date |
| RENTER INFOR | RMATION |
| NAME | |
| Address | |
| Phone #'s | Email |
| Number of Persons staying in Unit | #Adults#Children |
| Make of Car(s) | License Plate #'s |
| | |

This form must be submitted PRIOR to the rental period

Manager Teresa Baron at bluffsmanager19@gmail.com

Board President Robert Raynor at opportunitysknocking@hotmail.com

Alex Ham at abscpa@msn.com Wendy Finicle at jfinicle@frontier.com

Eric Andersen at xj12c@comcast.net Debby Souza at ddark100@gmail.com

or mail to Bluffs Manager P.O. Box 936, Gleneden Beach, OR 97388