

**HARBOR ISLAND OWNERS ASSOCIATION
RENTAL PROPERTY REGISTRATION FORM
2011**

Name of Owner(s): _____

Harbor Island Street Address and Lot Number: _____

Owner(s) Telephone Number(s) and Contact Information: _____

Owners Preferred Email Addresses: _____

Name of Rental Agency or Caretaker: _____

Telephone Number(s) of Rental Agency or Caretaker: _____

Caretaker Email Address: _____

Number Sleeps: _____ Number of Bedrooms: _____

Number of Beds: King _____ Queen _____ Full _____ Twin _____ Bunk _____ Sofa _____

Maximum allowable renter/guest vehicles at this address will be the smaller number of one car per bedroom or the number of parking space available: _____

By signing below, I certify that I have received the Renter Car Pass Procedures, that I purchase the necessary Renter Car Passes to provide access to the Island for my renters, and that I provide the Renter Rules to my renters. To the best of my knowledge, I will not exceed the number of beds my property sleeps or the number of parking spaces available.

Signature of Owner(s)

It is the owner's responsibility to ensure that this information is updated yearly by December 31st.

Please return this form to:
HIOA • 1 North Harbor Drive • Harbor Island, SC 29920
843-838-7636 fax • 843-838-5257 phone
Gatehouse 843-838-4890 / 9985 gatehouse@harborislandoa.com

Rental Property Personal Identification Number (PIN) DO NOT INSERT PIN NUMBER OFFICE USE ONLY!

