

Trail West Association, Inc.

Tenant Registration Policy Effective for all rentals/leases from September 1, 2019

The Trail West Association Declaration of Restrictions and Protective Covenants states that rental of dwellings be registered with the Association office (I.B.2). The association also sends a disc to the Tenant with the Association documents and rules.

Within **ten (10) days** after commencement of the lease/rental term, the Owner shall provide the Association with the following information: (a) the commencement date of the lease term; (b) the names of each of the Lessees and each other adult who will reside in the home; (c) the address, telephone number and email address at which the Tenant can be contact in the event of an emergency; and (d) the expiration date of rental contract.

Any lease of a dwelling must be to a single family only. The Property Owner shall be liable for any violation of the Declarations, Architectural Rules or the Association Rules and regulations by the Lessees or other persons residing in the home and their guests or invitees and, in the event of any such violations, the Owner, upon notification of the Association, shall immediately take all necessary actions to correct all violations.

This policy has been in effect since the development of the Association and shall be enforced effective September 1, 2019. Owners who do not register rentals will be subject to fines per the Association fine schedule contained in the Governance Policies and Procedures, adopted April 2018.

Please note that the Trail West Declarations also state that “dwellings shall not be used for the primary purpose of being short-term (30 days or less per tenancy) rental property”. Rentals 30 days (or over) are “limited to a cumulative total of no more than ninety (90) days per calendar year.”

Trail West Association, Inc.

Rental Registration

Lot # _____ Trail West (Rental) Address _____

Property Owner Name _____

Owner Mailing Address _____

City, State, Zip _____

Email _____

Phone (24/7/365) in case of emergency _____

Tenant(s) Name _____
(list all adult residents)

Tenant Mailing Address _____
(if different than property)

Tenant Phone _____

Tenant Email _____

Lease/Rental Commencement Date _____

Lease/Rental Expiration Date _____

Please attach a copy of the lease/rental agreement to this form and mail to Trail West Association, 18300 Rio Hondo Drive, Buena Vista CO 81211