



WOLF RANCHSM

ABSENTEE OWNER STATEMENT – FACILITIES USE AGREEMENT FOR TENANTS

Please return to wendy.mueller@fsresidential.com

Residential Property Address: _____

Absentee Owner Name: _____

Absentee Owner Cell Phone: _____

Absentee Owner Email: _____

As the Owner of the Wolf Ranch Property listed above, I agree to relinquish my facility privileges to my tenant(s), _____ as well as those members of their household who are allowed under the terms of my lease to reside in the household. My tenants shall provide a copy of the lease to Wolf Ranch Residential Community Association as validation of their occupancy during the term of the lease. The current lease agreement is for the following term:

Start date of lease: ____ / ____ / ____

Expiration date of lease: ____ / ____ / ____

Tenant Cell Phone: _____

Tenant Email: _____

I agree to take full responsibility for the actions of my tenants, the members of their household and their guests at all times and will assume full responsibility to Wolf Ranch Residential Community Association for any costs incurred and/or unpaid by my tenant. I certify that my tenants have read and understood the pool rules, that all persons using the facilities agree to abide by such rules, and that any infractions of the rules may result in suspension of privileges to use Wolf Ranch Residential Community Association facilities for both my tenants and myself.

Absentee Owner Signature: _____ Date: ____ / ____ / ____

Absentee Owner Current Address: _____