

Nature Trail Homeowners Association

Transfer of Usage Checklist

Dear Tenant,

Thank you for making Nature Trail your home. One of the great perks of living with us is the use of the Lodge and recreational facilities. In order to have access and begin using the facilities this packet needs to be completed in its entirety and returned to Nature Trail HOA. Below is a checklist to ensure that before returning the packet all information needed is attached.

- ◇ Transfer of Usage Form
 - Must be filled out and signed by the Property Owner or Property Manager
- ◇ Tenant Information Form
 - List all additional household members
 - Choose a 4-digit code for the fitness center
- ◇ Copy of the current lease
 - Please bring a signed copy of the current lease

Packets can be returned:

- ◇ Email: HOA@naturetrailpensacola.com
- ◇ Fax: 850.434.8081
- ◇ Mail: PO Box 12725, Pensacola, FL 32591
- ◇ In Person: at The Lodge

Thank you,

Nature Trail HOA

Nature Trail Homeowners Association

Transfer of Usage

Date: _____

Property Owner: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

I, the undersigned, do hereby agree to transfer my usage rights to the Nature Trail recreational facilities to the below stated tenant(s) for the specified time period. I understand that upon this transfer, I do not have any usage rights for this specific property during this period of time.

I, the undersigned, take all responsibility for the actions of my tenants. I further state that I have familiarized my tenants with all the rules and regulations of Nature Trail and do hereby accept the monetary liability for any damages to the facilities which result from the below stated tenant(s) or their guests usage.

Signature of Property Owner: _____

Leasing Agent: _____

Rental Property Address: _____

Block/Lot: _____

Lease Term/Dates: _____

List of Tenants (including children)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Any change or update requires a new transfer of usage form

Nature Trail Homeowners Association

Tenant Information

Date: _____

Block/Lot: _____

Rental Property Address: _____

Lease Term/Dates: _____

TENANT #1

Name: _____ Male Female

Mailing Address (if different): _____

City, State, Zip: _____

Phone: _____

Email Address: _____

TENANT #2

Name: _____ Male Female

Mailing Address (if different): _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Please list additional household members who will be using the Nature Trail recreational facilities

Name: _____ Sex: _____ Age: _____ Relationship: _____

Name: _____ Sex: _____ Age: _____ Relationship: _____

Name: _____ Sex: _____ Age: _____ Relationship: _____

Name: _____ Sex: _____ Age: _____ Relationship: _____

Fitness Center 4-digit numerical code: 1st Choice: _____

2nd Choice: _____

*The fitness center has 24 hour access but an entry pin is required. This may be any 4-digit combination (not 1-2-3-4). If the 1st Choice is not available, you will be contacted to use 2nd Choice.