

**STARR PASS
QUAIL HOLLOW HOA
RENTERS INFORMATION FORM**

Owner/Management Company information

Home owner(s) name: _____ Quail Hollow Lot # _____

Starr Pass address: _____

Contact Phone number(s): _____

Realty Company: (if applicable) _____

Property manager name: if applicable) _____

Phone number: _____

Renter information

Renter name (s): _____

Renter home and/or cell number(s): _____

Term of lease: _____ Lease start date: _____ End date: _____

Pet(s): Number: _____ Type: _____ (eg: cat/dog)

Vehicle(s) information: (if more space is needed use back of form)

1: Make: _____ 2: Make: _____

Model: _____ Model: _____

Year: _____ Year: _____

License # _____ License # _____

Renter Requested codes: Personal _____ Service _____ (4 digits)

of remotes needed _____ for long term rentals only. (if no codes are requested random codes numbers will be assigned.)

Phone number and name to be listed in gate directory (long term rentals only) _____

Renter Gate code(s) assigned by HOA gate liaison: _____