APPENDIX I

FORMS
RENAISSANCE OWNERS ASSOCIATION
RULES VIOLATION REPORT

There must be at least one signature from an owner to pursue violations that cannot be viewed by the Association during an inspection of the community (i.e., barking dog, noise nuisance, garage storage, etc.). Please be as specific as possible to enable the Board of Directors to expedite the enforcement process in a timely manner. All alleged violations will be evaluated to ensure that they are considered an infraction as defined by the Association’s Governing Documents.

REPORT FILED BY:

Date: ___________

Name: ________________________________________

Unit #: ________________________________________

Phone: ________________________________________

Signature: ______________________________________

VIOLATION INFORMATION:

Name: ________________________________________  Unit #: ____________________

(Algued violator’s name)  Phone: ________________

Description of alleged violation:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________ (If additional space is needed, please use reverse side of form)

Date(s) and time(s) alleged violation occurred:

________________________________________________________________________

________________________________________________________________________

How often does the alleged violation occur?

________________________________________________________________________
RENAISSANCE OWNERS ASSOCIATION
RESIDENT INFORMATION FORM
This information is for Renaissance use only

Owner (s) ___________________________________ Unit No. __________
Please Print
________________________________________
Please Print

Other Residents /Tenants: ____________________________
(Including children)
________________________________________________________________________
________________________________________________________________________

Contact Information of Residents:
Resident #1 Resident #2
Home __________________________________________
Cell ____________________ Cell ____________________
Office ____________________ Office ____________________

Cars Parked in the Garage:
#1 #2
Make _________________________ Make _________________________
Model _________________________ Model _________________________
License # ___________State _______ License # __________State _______
Garage Space # ________________ Garage Space # ________________

Pets:
Number of Dogs: __________ Cats: __________
Breed __________________________ Breeds __________________________
Description ______________________ Description ______________________
Weight ________ License # ________ Weight ________ License # ________
Name of pet ______________________ Name of pet ______________________
Male / Female __________ Age _________ Male / Female __________ Age _________

Person (s) to Contact in Case of an Emergency:
Contact # 1 Contact #2
Name ______________________________ Name ______________________________
Phone ______________________________ Phone ______________________________
RENAISSANCE OWNERS ASSOCIATION  
KEY AND ELEVATOR ACCESS AUTHORIZATION

Unit Number: __________

1. The following person(s) is/are authorized to be given access to my unit using the emergency key and have elevator access when I am NOT in my unit. I understand that this/these person(s) are expected to abide by the Governing Documents of the Renaissance Owners Association, and that I am responsible for any injury, loss and/or damage(s) that may be incurred as a result of this authorization. The Association is not responsible for any injury, loss or damage as a result of this authorization. I understand that it is the responsibility of my authorized guest to return the key to the desk attendant.

Name(s) of authorized guests or licensees:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. The following person(s) is/are my permanent guest(s) and there is no need for the desk attendants to call my unit when my guest(s) arrive.

Name(s) of those authorized:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

No person may have access to my unit or key unless listed above. This authorization will remain in effect until I notify the desk attendants or the General Manager IN WRITING that my authorization is revoked as to one or more of the persons named above.

_________________________    _______________________________     __________
Resident Name     Resident Signature                 Date

_________________________    _______________________________  __________
Resident Name        Resident Signature                Date
RENAISSANCE OWNERS ASSOCIATION
BICYCLE REGISTRATION

Unit # __________________

Name of Owner (s): _______________________________________________________

Name of Residents/Tenants:             __________________________________________

__________________________________________

__________________________________________

Phone # _________________________ Email: _________________________________

Bicycle (s) Information:

<table>
<thead>
<tr>
<th>Level of garage</th>
<th>Make/Color / Description</th>
<th>Decal #</th>
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I acknowledge receipt of the Renaissance bicycle decal(s) and agree to display them at all times when my bicycle is in the garage. I understand and agree that, the Association, its agents, employees, directors and officers are not responsible for theft, loss or damage to stored bicycles.

Signature: ________________________________ Date: __________________

Please make sure to place the decal on a visible area of your bicycle.
RENAISSANCE OWNERS ASSOCIATION
COMMUNITY ROOM RESERVATION

Date Requested: ________________________ Day of the Week: ___________________
Type of Event: ____________________________________________________________

Owner’s Name ________________________________________________ Unit#: _____
Phone: _________________________ Email: _________________________________

Tenant’s Name (if applicable) _____________________________________________
Phone: _________________________ Email: _________________________________

Music: Yes: _____   No: _____       Time: From: _______________ to: ________________
Number of Guests: ___________________
Deposit ($500.00) Received: ___________  Caterers:            Yes: ___   No: ___

I HAVE READ AND UNDERSTAND THE ASSOCIATION RULES AND AGREE TO ABIDE BY
THEM AND TO PAY FOR ANY DAMAGE, MISSING ITEMS, AND ANY FEES OR FINES
RESULTING FROM USE OF THE COMMUNITY ROOM. I UNDERSTAND I AM RESPONSIBLE
FOR LEAVING THE COMMUNITY ROOM IN GOOD CONDITION AND FOR ASSURING
THOSE ATTENDING THE EVENT CONFORM TO THE USAGE RULES. FAILURE TO DO SO
WILL RESULT IN FORFEITURE OF ALL OR A PORTION OF THE DAMAGE/CLEAN-UP
DEPOSIT AND THE APPLICABLE FEES ABOVE WILL APPLY.

PURSUANT TO THE POLICY ADOPTED BY THE BOARD OF DIRECTORS ON NOVEMBER 13,
2013 THE FURNITURE IN THE SITTING AREA OF THE COMMUNITY ROOM (SOFAS, TABLE,
RUG AND PLANTERS) CANNOT BE RELOCATED OR MOVED. THE ROUND TABLE AND THE
FOUR CHAIRS ACCOMPANYING THE TABLE MAY BE RELOCATED TO ALLOW ADDITIONAL
SPACE FOR AN EVENT (RENAISSANCE STAFF WILL RELOCATE THIS TABLE AT YOUR
REQUEST).

Owner’s Signature: __________________________________ Date:______________

Tenant’s Signature: __________________________________ Date:______________
(if applicable)

COMMUNITY ROOM INSPECTION
(OFFICE USE ONLY)

Attendant Required: Yes: ___   No: ___

Damage Consists of: ___________________________________________________
________________________________________________________

Total Deposit: ____________ Amount Deducted: ___________ Total Due: ____________
RENAISSANCE OWNERS ASSOCIATION
LISTING BROKER/AGENT ENTRY AUTHORIZATION

Date: __________________________

Owner Information:

Name: _______________________________________________ Unit #: __________

Phone: __________________________ E-mail: _______________________________

Name: _______________________________________________________________

Phone: __________________________ E-mail: _______________________________

Broker/Agent Information:

Listing Agent Name: _________________________ Agent License No.: ______________

Phone #: ________________________ Email: _____________________________________

Company Name: __________________________________________________________

Address: ________________________________________________________________

Broker Name: ___________________________ Phone : __________________________

Authorized By: __________________________________________________________

Owner’s Signature

________________________________________________________
Owner’s Signature