



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: _____
(Alleged violator's name)

Unit #: _____
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 _____

Breed _____

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:

Level of garage	Make/Color / Description	Decal #

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