

## Checklist of items for the office

## **Leases or roommates**

	Background check submitted to office for approval				
	Copy of Lease proposed				
_	Lisc. From City of Burnsville for a rental home				
*	The following items turned in with the signed lease once the HOA approves				
*	City Pet lisc. For all pets				
*	Occupant Information Form				
*	All assessments must be paid in full monthly				

## Lease/Rental/Roommate Form

Date.				
Unit:				
Owners Name:				
Owners Address:				
City:		State:	7-27-1-1-1	Zip:
Telephone #		Telephone #		
Email:				
Occupant Name:				
Telephone #				
Telephone #				
Vehicle Make/Model/Lisc Email:	c. plate:			
Occupant Name:				
Telephone #				
Telephone#		47 A 47 A 48 A		
Vehicle Make/Model/Lisc				
Email:				
I. Child Occupant	t Name:		•	
Vehicle Make/Model/Lisc	. plate:			W-1908 W-1
Age:				
II. Child Occupant	t Name:		- WATER ST. 12	
Make/Model/Lisc. plate: _	***************************************	- 20-000	Control of the contro	
Age:				
III. Child Occupant	: Name:			-
Age:				
IV. Child Occupant	Name:			
Age:				