

## **GUEST SUITE RENTAL AGREEMENT**

RES	IDENT NAME		APT #	PHO	ONE #		
	GUEST NAME_		PHO	ONE #			
	RENTAL D	ATE(S): Check i	n date//	Check o	out date/	/	
	DAILY RENTAL FI	EE <u>\$150.00</u> Tota	al nights:	Total a	mount Due \$		
	CHECK#	CHE	CK AMOUNT_		DATE	E	
•	The full amount is due at Cancellations must be made A credit card number is r	ide at least 7 days prio	r to scheduled check i	n date or you w	ill forfeit your pa	iyment.	
Credi	t Card for Damages: ents Card Only) Zip Cod	CC #e for CC billing add	ress:	EXP:	sc#	(Visa/MC/Discover)	
•	Resident may pick up the keys to the guest suite no earlier that 3:00 p.m. and no later than 6:00 p.m. on day of check in. Check out time is 12:00 noon and keys must be returned to the Leasing Office or in the night drop across from the business center if check out during non-business hours.						
•	theft.  IF SECURITY IS CAL CALLED OUT TWICH Keys and possession mus guest suite at 12:00 noon	ancy limit of 2.  ble for any damages to mages.  resident will leave the good fitness center but a bide by all property mption, use of drugs of the conday of check out, rosibility for the safety  eturn the keys, he/s  OWNER STRIC  -Use of -I  -Rowdines	guest suite clean of tra t must have your poor policies, local ordinan or controlled substance Y REASON, RESII SKED TO LEAVE. Hudson no later than the egardless of whether of or property of the res	sh and litter, or old tag with you ces and state laves, disturbing the DENT WILL In 12:00 noon. Pleaser not keys and ident or guest. On the for all costs of the FOLLOW substances inducting, or gambling usic	damages will be and only one g ws including, but e peace, disorder BE FINED \$25 asc be advised the possession are refuest Suite content to change the lewing:	charged to the Resident. quest. not limited to, those rly conduct, vandalism and . IF SECURITY IS at cleaning services will enter eturned. cuts must be intact and free	
Resident Signature:			Γ	Date:			
The U	Indson Representativ	ra*		Date			



## **The Bungalow Rental Agreement**

Renters	s Name:		Phone:			
Buildin	g & Apt #:	Email:				
Deposit	t Amount: \$500 (Due at the time of rese	ervation)	Check#:			
Rental	Fee: \$400 (Due at the time of reservation	on)	Check#:			
Event D	Date: Time:	to	Event Type:			
Renter amoun and Wi	will be responsible for any damages to t t. The undersigned renter will pay for a	the venue and its all damages. The	es contents. Amount is not limited to the Deposi e Bungalow is equipped with a sink, mini fridgown risk. Please be advised we cannot guarante			
		Venue Policies	;			
1.	The Bungalow will not be available for rental on the following dates: New Year's Eve, Superbowl Sunday, 4 <sup>th</sup> of July, and Halloween.					
2.	Renter is responsible for the conduct of all guests and must be present during the entire event.  Owner assumes no responsibility for the renter's or guest's property or safety.					
3.	The use of the swimming pool / pool area, workout rooms and surrounding rooms are not included in the rental. Parties are to be contained within the Bungalow and not outdoors.					
4.	All functions may start as early as 9:00 am Monday through Friday, 10:00 am Saturday, and 12:30 pm on Sunday. All events must end by 11:30 pm (this includes setup, clearing and cleaning). *Alarms will automatically arm at 12:00 am*					
5.	All furniture is to not be moved or tampered with. All decorations must be removed.					
6.	Owner strictly prohibits the following: use of drugs or controlled substances on premises, lewd or immoral conduct, alcohol consumption of anyone under 21 years of age, rowdiness, brawling or fighting, gambling, or excessively loud noise or music.					
7.						
	The Bungalow, a fine of \$100 will be a					
8.	There is a strict No-Smoking policy.					
9.	The Bungalow's contents must be intact and free from damage and all trash must be disposed of.					
10.	Renter is responsible for any maintena blown breakers, any spills, stains or da	-	hat occur while party is being held (example:			
11.	All charges will be deducted from the smust be paid for within 48 hours of ass		. Any overages will be billed to the resident and			
*By sig			ance or you will forfeit your payment. nd conditions set forth in this Rental Agreement			
Renters	s Signature		Date			
Representative			Date			