

VAL- VISTA ESTATES
6901 SE 14TH DES MOINES IA 50320
(515) 285-5929 FAX (515) 256-0110

REGISTRATION TO BE FILLED OUT AFTER ACCEPTANCE & UPON ARRIVAL

NAME OF EACH ADULT

PLACE OF EMPLOYMENT/PHONE

NAME OF EACH MINOR

DATE OF BIRTH/SCHOOL

IN CASE OF EMERGENCY, LANDLORD IS TO NOTIFY:

NAME _____ PHONE # _____

ADDRESS _____

CARS AND RECREATIONAL VEHICLES:

MODEL _____ YEAR _____ LICENSE # _____ STATE _____

MOBILE HOME:

MAKE _____ YEAR _____ SERIAL # _____ TITLE # _____

LEGAL OWNER OF MOBILE HOME:

NAME _____ ADDRESS _____

LIENHOLDER'S NAME AND ADDRESS:

I verify that the information provided above is true and correct to the best of my knowledge. I agree to give the management any changes in the above information within ten (10) days of any change.

DATE: _____

SIGNATURE OF TENANT VERIFYING THIS INFORMATION: _____

*MOBILE HOME PARK RULES AGREEMENT REGARDING RULES AND REGULATIONS EFFECTIVE
8/1/91*

I hereby acknowledge receipt of the Rules and Regulations booklet and agree:

To the terms and conditions set forth in these Rules and Regulations, as may be amended by Management from time to time; and

That any infractions on my part of these conditions or interference with the rights of Management or other residents for which I have received written reminder or violation notices from Management shall be construed as failure on my part to perform the responsibilities of my tenancy. It is agreed that my tenancy may be terminated for cause by thirty (30) days notice or less if so provided by law.

BY: Roger McCloney
MOBILE HOME PARK MANAGER

BY: _____
TENANT

BY: _____
TENANT

DATE: _____ **LOT #** _____