

ASSOCIATION OF UNIT OWNERS OF THE BLUFFS

RENTAL NOTIFICATION FORM

Bluffs Units may be rented ONLY for periods of four **consecutive** weeks or longer to a single family.
No short-term rentals are permitted.

OWNER _____ UNIT # _____

ADDRESS _____

PHONE #'s _____ Email _____

Please be advised that my UNIT # _____ is being rented to the party listed below,
for a period of _____ consecutive weeks (*no less than 4 weeks*) from the specific dates
beginning _____ and ending _____

I understand that any infraction of Bluffs or Salishan Hills Rules and Regulations by a renter and any fines assessed are my responsibility. I have provided these documents to my renters.

Owner's Signature Date

RENTER INFORMATION

NAME _____

Address _____

Phone #'s _____ Email _____

Number of Persons staying in Unit _____ #Adults _____ #Children _____

Make of Car(s) _____ License Plate #'s _____

This form must be given or sent to the Manager of the Bluffs PRIOR to the rental period.

Association of Unit Owners of the Bluffs - Manager

P.O. Box 936

Gleneden Beach, OR 97388 Phone: 541 764-3456 Email: bluffsmanager19@gmail.com

JULY 2019