

EHCA UNIT UNACCOMPANIED HOUSEGUEST REQUEST

(Completed by unit owner and submitted to the CMC prior to guest arrival.)

PLEASE PRINT CLEARLY:

Unit # _____

Unit Primary Contact (owner or current renter making the request):

Name _____

Phone _____ (Text: Yes ___ No ___)

Email _____

Unaccompanied Houseguests at East Horizon

Dates of unaccompanied visit

From: _____ To: _____

of Adults: _____ # of Children: _____ Pet: Yes ___ No ___

Primary Contact (POC) among Unaccompanied Houseguests:

Name _____

POC Cell Phone: _____ (Text: Yes ___ No ___)

POC Email: _____

Guests in addition to the contact named above:

Name 2: _____ Phone2 (optional): _____

Name 3: _____ Name 4: _____

Name 5: _____ Name 6: _____

EHCA Common Area Key serial numbers authorized for use by Unaccompanied Houseguests:

I certify that the Unaccompanied Houseguests acknowledged receiving Rules & Regulations and have agreed to follow them:

Signed (requestor): _____

Date of signature: _____