LAKE LOTAWANA ASSOCIATION, INC. 10417 East Thompson Road Lake Lotawana, Missouri 64086-9705 816-578-4272

RENTAL AGREEMENT FORM

Note: When you rent property this form must be completed and filed with the Lake Lotawana Association, Inc.

		LOT
TO	D BE COMPLETED	BY PROPERTY OWNER:
Name:		Phone No.:
Address:		
to this property, as per th	ne restrictions of re	understand that I relinquish my lake use privileges ecord, for the duration of this agreement. I furthe n, Inc., of any change or termination of this rental.
		Signature of Property Owner
	TO BE COMPL	LETED BY RENTER:
Name:		Phone No.:
Address: Block	Lot	Renter Email:
Renter Mailing Address:		
Term of Lease or Agreem	ent:	
Number of persons occup	ying premises:	
Restrictions, duly recorde Regulations, and the Wate my boat(s) with Block and	ed. I agree to c er Use Regulations d Lot numbers of sa rther agree to remo	ying this residence in accordance with the Deed of comply with the Bylaws, Restrictions, Rules and of the Lake Lotawana Association, Inc., to identify aid rental property, and to display boat registration ove any boats registered to me from the lake at the terminated.

Signature of Renter