

**PTCA GUEST SUITE RESERVATION REQUEST  
AND GUEST REGISTRATION**

I wish to reserve the PTCA Guest Suite for the following dates (3-night increments)

From: \_\_\_\_\_ To: \_\_\_\_\_

Unit Owner Reserving: \_\_\_\_\_ Unit: \_\_\_\_\_

Unit Owner Phone Number: \_\_\_\_\_

Guest Names: \_\_\_\_\_

**Maximum Number of Guests: two persons (2 adults or 1 adult and 1 child)**

I understand that only resident Unit owners who are current on all Assessments and have no unresolved violations of Governing Documents are eligible to rent the Guest Suite.

**I have received, read and agree to comply with the Use of Community Facilities Regulation. I understand that fines and/or fees for damages or violations of PTCA Governing Documents will be charged to the responsible Unit owner.**

I understand the cost to me will be \$75 for each 3-night period, in advance, by check or money order payable to PTCA. Payment must be submitted along with the reservation request. If my reservation request cannot be accommodated, or if I cancel my confirmed reservation at least 24 hours in advance, the fee will be refunded within ten (10) business days.

I understand that a PTCA Board member will inspect the premises following check out.

In consideration for the use of the Guest Suite, the undersigned does hereby agree to release Pacific Tower Condominium Association (PTCA) from any claims for damages arising either directly or indirectly from the use and occupancy. In addition, the undersigned does hereby agree to indemnify and hold the Association harmless from any claims, demands, suits, actions, damages, or injuries of any nature which may be made against the occupancy of the facility at the time and date set forth above.

\_\_\_\_\_  
Signature of Unit owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Approved By**

\_\_\_\_\_  
**Disapproved By**

Reason for Disapproval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Refund Date: \_\_\_\_\_

## AFTER USE INSPECTION REPORT

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Condition satisfactory: YES NO

Describe unsatisfactory condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow up:

Attach cleaning or repair receipts

Describe repairs and/or cleaning performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach copy of the Bill and letter sent to Unit Owner

Follow up Completed By: \_\_\_\_\_ Date: \_\_\_\_\_