



RIVERWIND HOMEOWNERS ASSOCIATION
APPLICATION FOR A HOUSE SITTER'S PASS

Homeowner: _____

Address: _____

Contact #: _____

Vacation Beginning: _____

Returning on: _____

Name and Age of House Sitters:

Contact(s) #:

Phone: _____

Email: _____

Homeowner accepts responsibility for all actions of my house sitter and any damage done by them. I have given a copy of the Riverwind Rules and Regulations for the Clubhouse Complex, Pool/Spa and Game Room to my House Sitters.

Signature of Home Owner : _____

Date: _____

Signature of House Sitter: _____

Date: _____

Pass issued: _____

Pass returned: _____

Signature of RHOA Secretary: _____

Date: _____