

*Leeland Station Community Association*

**LANDLORD**

**AMENITIES RELINQUISHMENT FORM**

**EACH HOUSEHOLD HAS RECEIVED THE APPLICATION FOR COMPLETION. IF THE HOME IS LEASED, THIS FORM MUST BE RECEIVED PRIOR TO POOL ADMITTANCE FOR YOUR TENANTS.**

Owner Name \_\_\_\_\_

Leeland Station Property Address \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Homeowner Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_ Email Owner 2 \_\_\_\_\_

Tenant's Names \_\_\_\_\_

Lease Term \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*Attach Current Lease

\*Copy of current lease must be provided every year with the form before entry to the pool will be granted to your tenants.

Number of Tenants on lease: \_\_\_\_ Over 18 years of age \_\_\_\_ Under 18 years of age

*THE UNDERSIGNED OWNER OF LEELAND STATION COMMUNITY ASSOCIATION, INC., HEREBY RELINQUISHES RECREATIONAL AND ACTIVITY USE PRIVILEGES TO THE TENANT(S) NAMED ABOVE. IN ACCORDANCE WITH THE GOVERNING DOCUMENTS, I AGREE TO BE RESPONSIBLE FOR THE ACTIONS OF MY TENANTS, MEMBERS OF THEIR HOUSEHOLD, AND THEIR GUESTS. I HAVE READ THE RULES GOVERNING THE USE OF LEELAND STATION COMMUNITY ASSOCIATION, INC. SWIMMING POOL. BY SIGNING BELOW, I ACKNOWLEDGE THAT I FULLY UNDERSTAND THESE RULES.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2019

*THIS RELINQUISHMENT FORM ALONG WITH A COPY OF THE LEASE IS REQUIRED EVERY YEAR BEFORE ACCESS IS GRANTED TO THE TENANT.*

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**YOU MAY:**

- MAIL TO: LEELAND STATION CA  
923 MAPLE GROVE DRIVE, SUITE 101  
FREDERICKSBURG, VA. 22407
- EMAIL TO [SHONEL.YOUNG@FSRESIDENTIAL.COM](mailto:SHONEL.YOUNG@FSRESIDENTIAL.COM) OR  
[KATRINEA.ERB@FSRESIDENTIAL.COM](mailto:KATRINEA.ERB@FSRESIDENTIAL.COM)
- FAX 540-786-4980