



# Timber Trails Community Association, Inc.

Post Office Box T, Pocono Pines, Pennsylvania 18350-0620

Telephone: 570/646-9191

## **RENTER APPLICATION FOR TIMBER TRAILS GATE PASS**

*(Please complete and return prior to your arrival date.)*

Name of Renter: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Homeowner: \_\_\_\_\_

Location of Home: \_\_\_\_\_

Dates of Rental Contract: \_\_\_\_\_

Real Estate Agency (if Applicable): \_\_\_\_\_

|                 |       |       |                       |                        |
|-----------------|-------|-------|-----------------------|------------------------|
| _____           | _____ | _____ | _____                 | _____                  |
| Make of Vehicle | Year  | Color | Vehicle Registered To | Plate # - State Issued |

|                 |       |       |                       |                        |
|-----------------|-------|-------|-----------------------|------------------------|
| _____           | _____ | _____ | _____                 | _____                  |
| Make of Vehicle | Year  | Color | Vehicle Registered To | Plate # - State Issued |

|                 |       |       |                       |                        |
|-----------------|-------|-------|-----------------------|------------------------|
| _____           | _____ | _____ | _____                 | _____                  |
| Make of Vehicle | Year  | Color | Vehicle Registered To | Plate # - State Issued |

|                 |       |       |                       |                        |
|-----------------|-------|-------|-----------------------|------------------------|
| _____           | _____ | _____ | _____                 | _____                  |
| Make of Vehicle | Year  | Color | Vehicle Registered To | Plate # - State Issued |

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date