



SHORT TERM REGISTRATION FORM

Type of resident/guest

- Primary/Purchasing Secondary/Long Term Rental Seasonal/Vacation Rental

Arrival/Purchase Date _____
Month/Day/Year

Departure Date _____
Month/Day/Year

In party: Adults (18+) _____

Children _____

Guests/Tenants Name _____

Guest/Visitor Away Address _____

Guest/Visitor contact Phone # _____

Application Required?

- Yes No (staying less than 30 days)

Application given?

Yes Date _____ Deadline for Submitting _____

Application Submitted?

Yes Date _____

Temporary Gate Card Assigned? Yes Date _____ Card# _____

Received by _____ Returned by _____

***Gate card must be returned during office hours: Monday-Friday 8am-5:00pm
Any gate card not returned during office hours will be deleted and deposit will be forfeited.**

Date Notified By Owner: _____ Notified by: _____

Homeowner's Name _____ Lot # _____

VdL Address _____ Phone # _____

Vista Staff: _____