

# Stone Cliff Owners Association Lease Form

Submit this form to PMP Management  
169 W 2710 S Circle, Suite 202-A, St George, Utah 84790  
(435) 287-3061 [Care@PMPmanage.com](mailto:Care@PMPmanage.com)

*Note: This form, the lease agreement, and a copy of the City Rental License must be received within 30 days of renting the unit to avoid fines and before the tenant will be let in the property.*

## HOMEOWNER(S)

Lot # \_\_\_\_\_ Name(s) \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PROPERTY MANAGER (if applicable)

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

## TENANTS

Names/Ages (Please list all tenants and their age) \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Beginning Date of Lease: \_\_\_\_\_ Ending Date of Lease: \_\_\_\_\_

List all pets: \_\_\_\_\_

License # of all Vehicles: \_\_\_\_\_

Any other pertinent information: \_\_\_\_\_

## HOMEOWNER ACKNOWLEDGMENT

As the owner(s) of this property, I understand that I am responsible for all actions of our tenants and their guests, and that it is our responsibility to provide them with copies of and inform them of all governing documents of the Association (CC&Rs, Bylaws, Rules and Regulations, etc.).

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## TENANT ACKNOWLEDGMENT

As the tenants of this property, I have been given a copy of the CC&Rs and Rules and Regulations for Stone Cliff and I agree to abide by them. I understand that I am subject to being evicted if the rules are not followed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Copy of City Rental License attached.  Copy of Lease Agreement attached.