

Glebe Harbor – Cabin Point Association, Inc.
751 Glebe Harbor Drive, Montross, VA 22520
Phone: 804-472-3646 Email: GHCPAssoc@gmail.com

Leased Property Information Form

Date: _____

1 Please provide information below for any property under lease and attach to the Property Owner's Information Form. Please notify the Association Office when the lease is terminated.

GH or CP	Sec	Lot	Property Street Address (Street Location for Unimproved Properties)

2 Lessee's Name: _____

Lessee's Mailing Address: _____

Principal Phone: _____ Secondary Phone: _____

Principal Email Address: _____ Secondary Email Address: _____

Access Cards are required for access and use of facilities. All Access Cards for leased properties will be issued under the lessee's name, to be used by family and guests. **The cards do not expire.** They will be used from year to year, or until we are notified of the termination of the lease. At that point, we will deactivate the cards. There will be a \$2.50 charge per card to replace any lost cards.

Number of Access Cards required (Maximum of 4 per Lot with Paid Recreational User Fee): _____

If your lessee does not plan to use the Access Cards, we would like to reduce costs by reducing the number of Access Cards produced.

Do you wish to opt out of receiving Access Cards? Yes No

3 Decals should be displayed on all trailers using boat ramps, and all trailers and RVs parked in Association storage spaces. Please list the license numbers and issuing state for each watercraft trailer/RV below. Decals will be issued for these trailers/RVs. Guest passes for boat ramp usage are available for family members who do not frequently use the boat ramps.

Trailer and RV License Numbers/State	1) _____	2) _____	3) _____
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4 Boat/Trailer/RV Storage Space Request

Lessee's Name	Trailer/RV License Number(s)		
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

The annual fee for each storage space is \$100, for the period May through April. Make checks payable to the GH-CP Association and attach to this form.

Property Owner: Please sign below to certify that this property is under valid lease and that you understand that under such lease all Access Rights will transfer to the lessee for the entire period of the lease.

Property Owner

Date

Office Use: _____ Acct. # _____

Date Rec'd _____ Rec'd By _____ Ck Amount _____ Ck# _____ QB Update By _____ Date _____

Cards _____ # Decals _____ Date _____

Issued _____ Issued _____ Mailed _____ By _____ DB Update By _____ Date _____