



RHODO MOUNTAIN ESTATES HOMEOWNERS ASSOCIATION

SHORT-TERM RENTAL PROGRAM *PROGRAM APPLICATION/RENEWAL*

1) OWNER(S): _____
RME LOT/ADDRESS: _____
HOME ADDRESS: _____

TELEPHONE NUMBER: _____

2) DESIGNATED CONTACT PERSON: _____
TELEPHONE NUMBER: _____
RELATIONSHIP TO OWNER: _____

3) NUMBER OF BEDROOMS: _____
NUMBER OF BATHROOMS, FULL/HALF: _____
INTENDED MAXIMUM CAPACITY: _____

SIGNATURE/DATE: _____

RME REVIEW: _____

EFFECTIVE PERIOD: _____

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