I/We		owner of record
of Addr	ress:	Lot Plat,
hereby	delegate my/our rights of enjoyment in	the common properties and facilities to:
(List all R	Renter names and tenants/children)	
(List all R	Renter's phone numbers)	
_	Holds a lease for the above-descri	1 7
and rec		• • •
and rec	quest that (previous tenant names, if applicable)	be
I/We re Cover paym	nants and Restrictions, the owner of reco	II and IV of the Lake Saint Louis Indenture of ord in St. Charles County is responsible for the rights, and loses amenity rights that have
Owner(s) of record mailing address:	
	P	hone Number:
Owners	'Signature:(DocuSign/electronic signature is n	Date:
	(Docusign/electronic signature is n	ioi vanaj
Owners Phone: Fax:	send or bring this completed form to: 636-625-8276 636-561-8098	Lake St. Louis Community Association 100 Cognac Court Lake St. Louis, MO 63367

636-561-8098 frontdesk@lslca.com Email: