

INTERLOCHEN CONDOMINIUM ASSOCIATION  
SHORT TERM RENTAL REGISTRATION

Please fill out the following information regarding your unit, and return to Darrell Cooter via fax (970-653-6350) or electronically ([darrell.cooter@gmail.com](mailto:darrell.cooter@gmail.com)). This information will help management in contacting your Local Representative in case of an EMERGENCY, or Rules Violation Issues.

Owner Name/Unit #:

\_\_\_\_\_

TOV SHORT TERM RENTAL Registration #: \_\_\_\_\_

LOCAL REPRESENTATIVE CONTACT INFORMATION:

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

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

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

Please Note:

1. Renters are NOT allowed to have pets. Tenants/guests requesting accommodation for an animal due to disability are asked to present written request and associated documentation to Darrell and/or the Board PRIOR to the rental period.
2. Rules Violations shall be reported to the Town of Vail, and subject to FINES from the Town of Vail and the Interlochen Association.