

<b>Tenant Document Receipt Form</b>
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Date \_\_\_\_\_

Owner Name \_\_\_\_\_

Property Address \_\_\_\_\_

Tenant Name(s) \_\_\_\_\_

Initial Lease Start Date \_\_\_\_\_

Lease term \_\_\_\_\_ months

**We certify that the owner(s) of this property has given the tenant(s) a copy of the association documents, rules and regulations, and that the tenant(s) agree to follow all covenants, rules and regulations as outlined.**

Sign Below:

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant \_\_\_\_\_ Date: \_\_\_\_\_

Return an original signed copy to: **Lakeside Estates**  
**P. O. Box 940934**  
**Plano, Texas 75094**  
**Craig@247pmm.com**