

PARKVIEW CIRCLE APARTMENTS

P.O. Box 1339, Tuscaloosa, Alabama 35403
Phone: (205) 454-0046 ~ Fax: (205) 507-4647

To: Claude Shelby, Manager
Parkview Circle Apartments

Re: Lease Agreement, Apartment #
900 15th Street
Tuscaloosa, AL 35401

I, _____ ACCEPT FULL RESPONSIBILITY FOR RENTAL PAYMENT AND LEASE OBLIGATIONS (INCLUSIVE OF LEASE RENEWALS) FOR MY SON/DAUGHTER'S APARTMENT AT THE ABOVE MENTIONED ADDRESS, IN THE EVENT THAT HE/SHE IS UNABLE TO PAY.

I ALSO ACCEPT RESPONSIBILITY FOR DAMAGE INCURRED TO THE APARTMENT WHILE MY SON/DAUGHTER IS IN RESIDENCY AT PARKVIEW CIRCLE APARTMENTS.

THIS LETTER IS FOR _____, WHO WILL BE OCCUPYING THIS APARTMENT.

PARENT'S NAME: _____

ADDRESS: _____

PARENT'S SOCIAL SECURITY # _____

PARENT'S DATE OF BIRTH: _____

PARENT'S PLACE OF EMPLOYMENT: _____

DAY PHONE: _____

NIGHT PHONE: _____

SIGNATURE: _____

MUST BE NOTARIZED

NOTARY

COMMISSION EXPIRES

OFFICIAL SEAL