

Request for Overnight Guest

Resident: _____

Address: _____

Guest Name: _____ No. of Persons: _____

Address: _____

Vehicle Info: _____
(Year) (Make) (Model) (Color) (Registration #)

Dates of Visit: From _____ to _____ Number of Days: _____

According to DHCD Regulations [760 CMR 6.06(3)(c)], “the stay of any overnight guest shall be limited to no more than a total of 21 nights (21 days if the guest regularly sleeps during the day) during any 12 month period”. By my signature below, I agree that I understand this Regulation and Attleboro Housing Authority Policy regarding overnight guests and further agree to comply with the aforementioned Regulation and Policy.

Resident’s Signature: _____

For Office Use Only

[FrontPage Save Results Component]

Approved Management Signature: _____

Disapproved Total Number of Days Used Over Last 12 Months: _____

Comments: _____

