

Exchange Request

| Name: | | |
|----------------|--|---|
| Address: | | |
| Cell phone: _ | Home phone: | Email: |
| I am authorizi | ng West Oaks the use of my unit/week: | |
| *UNIT | WEEK | YEAR |
| | ation must be completed before your Exchange Requal have all rights to the use of your week for the year | accessors respectively at the assessment of the |
| • | All Maintenance Fees and/or Special Assessments exchange. Delinquent owners will not be consider is paid in full. | |
| • | Exchanges are arranged on a space available basis to our owners based upon availability. West Oaks can not <u>GUARANTEE</u> the fulfillment of | |
| • | Internal Exchange Fee: \$100 | |
| Re | schange fees are assessed on a per week basis and nequest. Exchange fee payment will be returned if Wichange or if the request is canceled by the owner process. | lest Oaks in unable to confirm the requested |
| | exchanges are final. Exchange fee payments are no uests for May through September must be submitted out payment. | |
| I am requestin | g the following dates at West Oaks: | |
| | | |
| | ks owner, who is occupying an exchanged unit/weekself or my quests during our stay. | , will be responsible for any expenses incurred or damage |
| I authorize We | est Oaks the exclusive use of my unit/week and I agr | ee to comply with all of their terms and conditions. |
| Signature | | Date |