Surf Side Tower

RENTERS: IT IS YOUR RESPONSIBILITY TO MAKE CLEANING ARRANGEMENTS FOR YOUR UNIT, UNLESS YOUR OWNER HAS MADE PRIOR ARRANGEMENTS

OWNERS: IT IS YOUR RESPONSIBILITY TO ENSURE YOUR RENTERS ARE ABLE TO ACCESS YOUR UNIT UPON THEIR ARRIVAL. BE SURE THEY HAVE KEYS FOR THE UNIT, **AND** THE BUILDING.

15462 Gulf Boulevard, Madeira Beach, Florida 33708 OFFICE: 727.726.8000 FAX: 727.873.7307

Email: cpalmer@ameritechmail.com

RENTAL FORM – Thirty (30) Days +

THIS FORM IS TO BE FILLED OUT COMPLETELY & SIGNED BY BOTH OWNER & RENTER

UNIT #: _____ OWNER: _____ FROM: _____ TO: _____

Owner's Email Address: _____

- I hereby request the BOARD OF DIRECTOR'S APPROVAL OF THE FOLLOWING LESSEE/RENTER:

Renter/Lessee's Full Name: _____

E-Mail Address: _____ Home Address: _____

Zip Code: _____ Home Phone: _____ Business Phone: _____

PLEASE NOTE: ***LESSEE/ RENTERS OR GUESTS ARE NOT PERMITTED TO HAVE PETS ON SST PROPERTY***

NAMES, ADDRESS AND AGE OF OTHERS WHO WILL OCCUPY UNIT:

NAME	ADDRESS	CHILDREN'S AGES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT I HAVE ACQUAINTED ALL OF THE ABOVE WITH THE RULES AND REGULATIONS OF SURF SIDE TOWER CONDOMINIUM, INC., AND WILL BE RESPONSIBLE FOR THEIR CONDUCT AND ACTIONS AS A TENANT AS STATED IN THE DECLARATION OF CONDOMINIUM.

OWNER'S SIGNATURE: _____ **DATE:** _____

I HEREBY CERTIFY THAT I HAVE RECEIVED AND UNDERSTAND THE SURF SIDE TOWER RULES AND REGULATIONS AS IT APPLIES TO TENANTS. I UNDERSTAND VIOLATION OF SAID RULES WILL CAUSE CANCELLATION OF THIS RENTAL APPROVAL, AND I/WE MUST VACATE THIS CONOMINIUM IMMEDIATELY UPON NOTICE.

LESSEE/RENTER'S SIGNATURE: _____ **DATE:** _____

VEHICLE MAKE/MODEL	LICENSE NUMBER	STATE	ASSIGNED PARKING
_____	_____	_____	_____

ALL OCCUPANTS AND VEHICLES MUST SIGN IN AT THE LOBBY ELEVATORS "*UPON ARRIVAL*"

** OWNERS PLEASE INDICATE HERE THE DATES YOU HAVE AVAILABLE FOR RENT:

_____

_____

_____

_____

FOR OFFICE USE ONLY

APPROVED _____

NOT APPROVED _____

DATE _____

_____

FOR BOARD OF DIRECTORS