Surf Side Tower

Send Completed Form to:
Surfside Tower Condominium Association, Inc.
c/o Board of Directors
15462 Gulf Boulevard
Madeira Beach, Florida 33708
Office Phone / Fax Number: 727-398-1832

Email: surfsidetower@outlook.com

GUEST INFORMATION FORM

DATE: _____ UNIT #: _____

OCCUPANCY DATE: FROM: _____ TO: _____

OWNER/LEASE HOLDER OF UNIT: _____ PHONE NUMBER: _____

NAMES, ADDRESSES AND CELL PHONE NUMBERS OF ALL INDIVIDUALS WHO WILL OCCUPY THE UNIT:

NAME: _____ ADDRESS: _____ CELL #: _____

NAME: _____ ADDRESS: _____ CELL #: _____

NAME: _____ ADDRESS: _____ CELL #: _____

NAME: _____ ADDRESS: _____ CELL #: _____

RELATIONSHIP TO OWNER OF UNIT: _____

PLEASE NOTE: VISITORS, RENTERS AND GUESTS ARE NOT PERMITTED TO HAVE PETS ON SURFSIDE TOWER CONDOMINIUM ASSOCIATION, INC., PROPERTY.

IN CASE OF EMERGENCY, PLEASE NOTIFY (include name(s), phone number(s) and addresses):_____

_____

_____

Unit Owner Signature: _____ Date: _____

I hereby certify that I am ____ / am not ____ related to the Owner of the above mentioned condominium unit. I am not a tenant or lessee, and I am not, in any way, shape or form, paying for the use and occupation of this unit. I have received and read the Visitors Rules and agree to abide by them. I understand that Surfside Tower is a condominium association and not a motel or rental facility for less than thirty (30) day stays.

Guest Signature: _____ Date: _____