9th FAIRWAY AT THE GREEN DOLPHIN ASSOCATION

c/o Ameri-Tech Property Management
PHONE: (727) 726-8000 FAX: (727) 723-1101

Request for Renter(s)

NEW RESIDENT: This application should be completed at least 10 business days prior to new occupancy date.
Incomplete forms cannot be processed and will be returned.
There is a $100.00 application fee payable to Green Dolphin

CURRENT OWNER INFORMATION: Unit #_____

Name_____
Last First

Name_____
Last First

Home/Cell Phone #:_____ Work Phone #_____

I acknowledge that, as the current owner, it's my responsibility to provide the purchaser/ renter with the following:
Initial when provided:
_____ Current set of the Declaration of Condominium, Articles of Incorporation & By-Laws (Owner only)
_____ Current copy of the Rules and Regulations (Renters should get this)
_____ Maintenance Payment Coupon Book (Owner only)
_____ Mailbox keys and number
_____ Pool card
_____ Parking space #
_____ I will provide this completed application to Ameri-Tech at least 10 business days before the closing date or lease date.

Renter Information: (Names and ages of all occupants)

Email Address _____ Email address #2 _____

Name:_____
Last First Age Phone #

Name:_____
Last First Age Phone #

Name:_____
Last First Age Phone #

Name:_____
Last First Age Phone #

Rental period _____

Pets? _____Yes _____No Emotional Support? ____Yes ____No Breed _____ Weight _____

Date of last Rabies Vaccination _____ Picture of pet must be attached_____

VEHICLE INFORMATION:

Vehicle #1 Year Make Color State Tag #

_____

Vehicle #2 Year Make Color State Tag #

_____

EMERGENCY CONTACT:

Name of Person to be Notified _____ Relationship _____

Phone #'s (Home/Biz/Cell) _____

REALTOR/RENTAL AGENT'S NAME/COMPANY:

_____

Phone # _____ FAX #_____

Renter(s) hereby acknowledges that he/she has read and examined the Declaration of Condominium the Rules and Regulations contained therein and the By-Laws of the Association and further acknowledges and agrees to abide by each and every term and condition of the same, as well as the Rules & Regulations of the Condominium Association. The undersigned further understands that he/she is directly responsible for any and all actions of family members, guests, employees and agents who are in/on the premises of the Association. I/We certify that all the information provided on this application is correct.

Signature of Renter(s) _____Date _____

Board Member has _____ has not _____ approved the foregoing application on _____
(Date)

Board Member Signature _____Print Name _____