

## Gardens III of St Andrews Park Association, Inc.

**PRIOR TO OCCUPANCY RETURN APPLICATION TO:**

CAPRI PROPERTY MANAGEMENT, INC. [angela@cpmi.us](mailto:angela@cpmi.us)

425 COMMERCIAL CT. SUITE K, VENICE, FL 34292

PHONE: (941) 412-0449 • FAX: (941) 412-0720

## RENTAL APPLICATION

## ONE MONTH MINIMUM

Units may be leased no less than 1 months, upon approval of this form.

There will be a fine for noncompliance.

The following information is pertaining to the RENTAL of\_\_\_\_\_

Rental Period: From \_\_\_\_\_ to \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Renter's Name: \_\_\_\_\_

Owner's Telephone\_\_\_\_\_ Unit's Telephone\_\_\_\_\_

Renter's Telephone \_\_\_\_\_ Renters Email: \_\_\_\_\_

Persons to reside in unit (include ages of all occupants under 18)

|  |  |
|--|--|
|  |  |
|  |  |

Vehicle Make:\_\_\_\_\_ Year:\_\_\_\_\_ Model:\_\_\_\_\_ Tag:\_\_\_\_\_

Vehicle Make:\_\_\_\_\_ Year:\_\_\_\_\_ Model:\_\_\_\_\_ Tag:\_\_\_\_\_

Emergency Contact\_\_\_\_\_ Phone:\_\_\_\_\_

Address\_\_\_\_\_

Renter understands and agrees to observe all rules, regulations and restrictions contained in the Association "Use Restrictions" as well as any other rules that may be established by the Board of Directors.

Renter Signature\_\_\_\_\_ Date:\_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner is responsible for ensuring that owners' tenants obey all the governing documents of the Association.

## BOARD ACTION

Approved:\_\_\_\_\_ Rejected:\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_