

Bellamar at Beachwalk Condominium Association, Inc

LEASE REGISTRATION FORM

RENTERS ARE NOT PERMITTED TO HAVE PETS AT BELLAMAR

Owner Name _____ Unit No. _____ e-mail _____

Rental Agent Name & Phone Number: _____

Primary Tenants Name _____

(One Name Only – this name will be listed on entry gate directory)

Lease Starts _____ Lease Ends _____ *(ONE-MONTH MINIMUM!)*

Tenant Address _____

Tenant Phone Number _____ Tenant e-mail Address _____

Names of all other occupants:

NAME

NAME

All overnight vehicles must have a parking pass. In order to obtain a pass tenants must provide, in person, a valid driver's license and vehicle registration. Island Management will affix the pass to the registered vehicle.

Vehicle #1 Make/model _____ State & Tag# _____

Vehicle #2 Make/model _____ State & Tag# _____

Lessee has been provided the rules and regulations governing the Bellamar at Beachwalk Condominium Association and agrees, together with all guests, to abide by these rules and regulations. If any conflicts arise between the lease, and the rules and regulations governing the Bellamar at Beachwalk Condominium Association, the provisions of the latter rules and regulations shall take precedence. Lessee and Lessor acknowledge that they have been informed that the Bellamar at Beachwalk Condominium Association shall have the right to levy fine(s) and/or terminate any lease upon default by the Lessee in observing the Rules and Regulations and other applicable documents governing the Bellamar at Beachwalk.

Tenant Signature Printed Name Date

Owner/Agent Signature Printed Name Date

A Check for \$100.00 NONREFUNDABLE, payable to "BELLAMAR AT BEACHWALK" Condominium Association, Inc. must accompany this lease registration form

Completed and *signed/dated* Lease Registration Form and check may be submitted as follows:

- (1) Hand-Deliver to Island Management 16956 McGregor Blvd, Fort Myers FL 33908 or Island Management 711 Tarpon Bay Rd Sanibel FL 33957

OFFICE USE ONLY: VERIFIED BY _____

Identification Verified by the Following: (Please initial by form of ID verified)

- 1. Drivers License: _____
- 2. State Identification Card _____
- 3. Utility Bill _____

DATE: _____ CHECK #: _____ Circle Pass Type

Vehicle _____ Parking Permit # _____ TEMP / YEARLY

Vehicle _____ Parking Permit # _____ TEMP / YEARLY