



Sea Palms

Condominium Association, Inc.

Tel: 772-461-3100 • Fax: 772-461-2854

APPLICATION FOR LEASE

www.seapalmsofficialsite.org

Date: _____

The undersigned hereby makes application for the approval of a lease for UNIT # _____

Unit Owner(s): _____

This Application for Lease must be accompanied by a copy of the lease contract. All applications are subject to the approval of the Board of Directors of Sea Palms Condominium Association, Inc. All rentals must be for a term of ninety (90) days or more as outlined in the Sea Palms Condominium documents.

Name of Lessee(s) _____
(Please print)

Present Address _____

Telephone _____ Occupation _____

References _____

Pet _____ Weight _____ **Note:** Pets are subject to the approval of the Board of Directors and must not weigh more than 20 pounds. Only one pet per unit.

How many persons will occupy the unit regularly? _____

List other occupants' _____

Lease term is from _____ to _____

Lessee has received and read a copy of Sea Palms Rules & Regulations. _____
Owner initial here

+++++

For use by Board of Directors:

Received by Management _____ Date _____

Application approved by _____ Date _____

Unit owner notified by _____ Date _____