

GUEST RESIDENT INFORMATION SHEET

OWNER NOT PRESENT DURING GUEST STAY (Required for multi-day gate pass into Verandah)

SECTION ONE

<u>To be completed by Resident/Homeowner</u> and emailed or faxed to Verandah Community Patrol

20 DAYS IN ADAVANCE advance of Guest's arrival

EMAIL: trishs@verandah.com Fax: (239) 694-1137

Current Owner of Record:					
Address of Verandah hom	e:			-	
As the owner of the Unit, both the Verandah Comm					•
Owner's Mailing Address					
Street	Ci	ty	State	Zip	_
Phone:	Cell Phone:	еМа	il:		_
Name of Guest:					
Term of Guest Residency:	For the period Beginnin	ng:	Ending: _		_
Relationship to Owner:					
The undersigned hereby reguests and assures that the Community Association ar	e guests will abide by a	I Rules and Regul	ations and (Covenants of	
The undersigned certifies in Removal proceedings may Furthermore the owner aurequesting it.	result against the gues	ts should it be det	termined th	at this occup	pancy is a rental.
Signature of	Home Owner:			Date:	

GUEST RESIDENT INFORMATION SHEET

(To be completed by resident guest)

SECTION TWO

Current Owner of Record: _						
Address of Verandah home:						
Guest Info						
Name:						
Address - Street:		City:		_State:	_Zip:_	
Phone:	Cell Phone:	e	Mail:			_
Drivers License Number:			State: _			
Others who will occupy the	unit:					
<u>Name</u>		Relatio	-	<u>DOE</u> /	_	
Automobile Information						
<u>Make</u>	<u>Model</u>	<u>Year</u>	Color	<u>License Pla</u>	ate	<u>State</u>
Auto #1:						
Auto #2:						

NOTE: *Please refer to the Verandah Community Association and if applicable, Neighborhood Association documents for Vehicle and Parking restrictions. If your vehicle is one that requires it be garaged it is your responsibility to ascertain that you can do so or risk being denied a vehicle access sticker.

Pet Information

Pet #1:	Pet's Name: Pet's License #			
	Rabies Vaccination Date: _		Dutc	
Pet #2:				
	Pet's License # Rabies Vaccination Date: _		Date:	
	Please refer to the Verandah nts for Animal, Pet and Noise	·	and if applicable,	Neighborhood Association
Persons	to be notified in Case of Emo	ergency		
Name:_		Phone No:		
Name:		Phone No:		
		GUEST ACKNOWLE	OGEMENT	
;	Community Association and and Covenants available to r	(where applicable) the N me. My signature acknow nd my agreement to be b of the Verandah Commur	eighborhood Assovledges my receip sound by and com hity Association a	ply with all of the Rules and
				aid for the use of the property ority to be released to them.
(My signature certifies that a occupancy of the above Unit Proceedings may result again any of the said information i	t is based upon the accur	acy of said inforn	
Signatur	e of Guest:		Date:	_
Signatur	e of Co-Guest:		Date:	