## FAIRWAY GLEN OF ST. ANDREWS PARK ASSOCIATION, INC.

MANAGED BY: ARGUS MANAGEMENT OF VENICE, INC. 1062 East Venice Avenue ~ Venice, FL 34285 Office (941) 408-7413 ~ Fax (941) 408-7419 EMAIL: FRONTDESK@ARGUSVENICE.COM

## **Application for Rental of Unit**

**Application Must Be Submitted at Least 14 Days Prior to Rental Start Date.** Per association policy, the rental period must be for a minimum of one month. For reasons of safety and security, all information requested on this form is required.

I/we he	reby apply to the Board of Directors for perm	ission to rent our unit.
Owner's Name:		
Unit Address:		Phone:
Alternate Address:		Phone:
Record Date of Ownership (C	Closing Date):	
(Note: Per our Declaration of Condon	ninium, as amended in 2013, if your record date of owners least one (1) full year before you may rent or	
Lease Start Date:	Lease End Date:	
Lessee's Name:		
Lessee's Address:		Cell Phone #:
Lessee's Email address (requ	uired):	
Names of All Occupants:		
Type of Vehicle:		_ License #:
Type of Vehicle: (If the Proposed Tenant will be leasin	g a Vehicle during the dates stated on this form, all tenan license plate number once the vehicle is rer	
Both Ow	ner and Lessee must initial that they unde	erstand and agree that:
O L The	rental period will be for at least one month.	
O L Child	dren under the age of 12 must be supervised	by an adult at the pool.
O L Com	mercial vehicles, trailers, boats, RVs and car	mpers are prohibited.
O L Cond	dominiums and Villas are intended for single	family occupancy only.
O L Only	one dog or one cat, caged birds, and aquari	ums are permitted.
O L Less	ee agrees to abide by all Association policies	s as recorded at:
	http://argusvenice.com/docs/1/17/PRIV_	PUB.html
Owner's Signature:		Date:
Lessee Signature:		Date:
	Association Board Action	<u>on</u>
Application Approved:	Application Denied: _	

Signature: Title:

REVISED: 11.04.21

Date: \_\_\_\_