GARDENS II OF ST. ANDREWS CONDOMINIUM ASSOCIATION, INC.

c/o Argus Management of Venice, Inc.

1062 E. Venice Ave. ~ Venice, Fl. 34285 (941) 408•7413 ~ Fax (941) 408•7419

EMAIL: FrontDesk@ArgusVenice.com

RENTAL APPLICATION THREE MONTH MINIMUM ON RENTALS

(Please submit 10 days prior to occupancy)

The following information	on is pertaining to the I	RENTAL of unit #:		
Owner's Name:				_
Renter's Name(s):				
Rental Date From:		_ To:		_
Present Address:	,			
E-Mail:		Phone:		_
Contact in case of emer	gency:			
hone:		Address:		_
Employer:	,	Occupation:	How Long?	-
Employer Address:		Phone:		
No. of children (if any):		Ages:		
Vehicle Make:	Ye	ear:	Tag:	
Association "Rules &	Regulations", as w (s) acknowledge, b	ell as all condominions their signatures b	ons and restrictions contained um rules established by the Below, that they have read the	oard of
Renter Signature		- — — Renter Sig	gnature	
AgentName/Contact:				_
BOARD ACTION:	APPROVED	RE	EJECTED	-
Date:	Board Signature:			

REVISED: 11.10.21