

Gardens III of St. Andrews Association, Inc.

C/O: Argus Management of Venice, Inc.

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RENTAL APPLICATION

RENTAL PROPERTY ADDRESS: _____ REPEAT TENANT(S)? ____

OWNER'S NAME: _____ PHONE NUMBER: _____

RENTAL DATES: FROM: _____ TO: _____ SEASONAL OR FULL-TIME(CIRCLE)

LESSEE: _____ NAME OF SPOUSE: _____

PRESENT ADDRESS: _____ CITY: _____ STATE: __ ZIP: _____

HOW LONG: _____ IF LESS THAN TWO (2) YEARS, PRIOR ADDRESS: _____

TELEPHONE: HOME: _____ OFFICE: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____ CITY: _____ STATE: __ ZIP: _____

NAME AND AGES OF ALL OCCUPANTS AND GUESTS:

NAME: _____ AGE: __ NAME: _____ AGE: __

NAME: _____ AGE: __ NAME: _____ AGE: __

VEHICLES: MAKE/MODEL	COLOR	YEAR	LICENSE #
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE INITIAL THAT YOU UNDERSTAND AND AGREE TO THE FOLLOWING:

___ COMMERCIAL/RECREATIONAL VEHICLES, TRAILERS, BOATS, MOTORCYCLES & CAMPERS ARE PROHIBITED

___ CONDOMINIUMS ARE FOR SINGLE FAMILY OCCUPANCY ONLY

___ NO PETS ALLOWED FOR TENANTS OF RENTAL UNITS

I AGREE TO ABIDE BY THE ASSOCIATION DECLARATION OF CONDOMINIUM, ITS BY-LAWS, RULES AND REGULATION.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

BOARD OF DIRECTORS USE ONLY

APPLICATION: APPROVED: _____ DENIED: _____

SIGNATURE: _____ DATE: _____

TITLE: _____