

STRATFORD GLEN OF ST. ANDREWS PARK ASSOCIATION, INC.

MANAGED BY: ARGUS MANAGEMENT OF VENICE, INC.

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RENTAL APPLICATION THREE MONTH MINIMUM ON RENTALS

Please submit **10 days** prior to occupancy

The following information is pertaining to the RENTAL of unit # _____

Rental period from: _____ to: _____

Owners Name: _____

Renter's Name: _____

Present address: _____

Phone #: _____ Other phone #: _____

Pets: (**NOTE ONLY 1 DOG OR 1 CAT IS ALLOWED**) Yes: _____ No: _____

Contact, in case of emergency: _____

(Must provide name, address, and phone numbers)

Signed: Renter: _____

Renter: _____

Dated: _____

Agent Name and Phone (if any): _____

I have received and read the Rules and Regulations for Stratford Glen and agree to abide by these.

_____ Date: _____

(All tenants must initial)

BOARD ACTION:

_____ Approve _____ Disapprove

Date: _____

Board Member Signature and Title: _____