

VILLAS I OF ST. ANDREWS ASSOCIATION, INC.

c/o ARGUS MANAGEMENT OF VENICE, INC.

1062 EAST VENICE AVENUE, VENICE, FL 34285

PHONE: (941) 408-7413 FAX: (941) 408-7419

www.argusvenice.com

RENTAL APPLICATION

THREE-MONTH MINIMUM ON RENTALS

PLEASE RETURN TO ARGUS 10 DAYS PRIOR TO OCCUPANCY

The following is pertaining to the rental of Unit # _____

Rental Period From: _____ to _____

Owner Name: _____

Present Address: _____

Phone: _____

Age(s): _____ Occupation(s): _____

Employed by: _____ How long? _____

Business Address: _____ (Phone) _____

No. Children: _____ Age(s) _____

Vehicle Make: _____ Year: _____ Tag: _____

Contact in case of emergency: _____

Phone: _____ Address _____

Renter understands and agrees to observe all rules, regulations and restrictions contained in the Association "Rules and Regulations" as well as any other condominium rules that may be established by the Board of Directors. The renter(s) acknowledge having read the above-mentioned rules, regulations, and restriction by signing in the space provided below:

Signed: Renter: _____

Date: _____

Agent (if any): _____

Phone: _____

BOARD ACTION: Approved: _____ Rejected: _____ Date: _____

Signature: _____ Title: _____