

Villas II 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

I/We hereby make application to the Board of Directors for a 90-day minimum rental in Villas II of St. Andrews and we have attached a non-refundable \$100.00 application fee made payable to: Villas II of St. Andrews East Association, Inc.

RENTAL PROPERTY ADDRESS _____

OWNER'S NAME _____

RENTAL DATES: FROM _____ TO _____

LESSEE _____

NAME OF SPOUSE _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOW LONG _____ IF LESS THAN 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 _____

MAKE/MODEL OF VEHICLES (S) _____ YEAR _____

COLOR _____ LICENSE NO. _____ STATE _____

PET DESCRIPTION (CAN'T EXCEED 25 LBS.) _____

PLEASE INITIAL THAT YOU UNDERSTAND AND AGREE TO THE FOLLOWING:

___ CHILDREN UNDER 12 YEARS OF AGE MUST BE ACCOMPANIED BY AN ADULT AT THE POOL

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

___ CONDOMINIUMS ARE FOR SINGLE FAMILY OCCUPANCY ONLY

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

DATE _____

SIGNATURE _____ SIGNATURE _____

APPROVED BY THE ASSOCIATION BOARD OF DIRECTORS

SIGNATURE _____ TITLE _____

DATE _____ APPLICATION APPROVED _____ DENIED _____