## VILLAS I OF ST. ANDREWS ASSOCIATION, INC.

c/o ARGUS MANAGEMENT OF VENICE, INC.

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## RENTAL APPLICATION THREE-MONTH MINIMUM ON RENTALS PLEASE RETURN TO ARGUS 10 DAYS PRIOR TO OCCUPANCY

Units Address:	Owner(s) Name:				
	Cell Number:				
RENTAL PERIOD: A1	rival Date :	Depar	ture Date:		
Renter Name:			Age:		
Renter Name:					
Present Address:					
Cell Phone :	Ema	Email:			
Occupation:	How long?	Employed by: _			
Business Address:			(Phone)		
Business Address: Occupation:	How long?	Employed by:	,		
Business Address:			(Phone)		
Other Occupants:					
Name:	Age:	Name:		Age:	
Name:	Age:	Name:		Age:	
Vehicle Make:	Y	'ear:	Tag:		
Renter(s) Contact in cas	se of emergency:				
Phone:					
Agent (if any):	Ασε	ency Name			
		Agency Name: Phone:			
Renter understands and Association "Rules and established by the Board mentioned rules, regular	Regulations" as well d of Directors. The r	l as any other condorenter(s) acknowled	ominium rules t ge having read	that may be the above-	
Signatures:					
Renter:			Date:		
Renter:					
Owner or Agent:			Date:		
*******	*******	*******	******	********	
BOARD ACTION: Ap	proved:	Rejected:	Date:		
Signature:		Title:			

REVISED: 06/17/24 RT