Sample Association Name Here, Inc.

Complete this entire form and submit with drawings and/or blueprints to:

Managed by: Argus Management of Venice, Inc.

1062 East Venice Avenue, Venice, FL 34285

Office: 941-408-7413 ~ Fax: 941-408-7419

www.argusvenice.com

Rental Application

I/We hereby make an application to the Board of Directors for a 90-day minimum rental.

Rental Property Address:				Email:		
Owner(s) Name:				Phone:		
Rental Dates: From:	To:			<u>_</u>		
Renter(s) Name:				Phone:		
Present Address:				Email:		
City:Sta		e:	Zip:	How Long:		
If less than two (2) years, prior addr	ess:					
Employer Name:			Phone:			
Employer Address:						
Names and ages of ALL occupants:						
Name:	Age:	Name:		Age:		
Name:	Age:	Name:		Age:		
Make/Model	Colo	or	Year	License #	State	
Vehicle # 1				_		
Vehicle # 2				_		
Please INTIAL that you have read	d, understand an	d agree to t	he following:			
Children under 16 years of Commercial/recreational v No overnight street parking Occasional common area p	ehicles, trailers, bog. g. parking allowed.	oats and can	npers are prohi	bited.	n Nama Ina	
,	•	·	C	•	n Name, mc.	
Renter Signature:			Date:			
Renter Signature:			Date:			
Owner Signature:			Date:			
Owner Signature:			Date:			
	Board	of Directors	s Use Only			
Date Board Reviewed/Approved:	T	itle:		Signature:		