LAKESIDE OF CHARLOTTE COUNTY CONDOMINIUM ASSN.

Renter/Lease Registration Form

The rental agency or unit owner renting the unit must complete this form and present to the Association along with a copy of the lease 15 days prior to arrival, Include one \$15.00 registration fee and \$50.00 Background Check fee **PER APPLICANT**PAYABLE TO LAKESIDE OF CHARLOTTE COUNTY CONDO ASSOCIATION.

| | | Date | _ | |
|---|--|---|--|--------------------------------|
| Name of Tenant(s) | | | | |
| Home Address | | | | |
| Will Occupy Unit #_ | | Arrival Date | Departure | |
| No. in Party | No. of Adults _ | No. & A | age of Children | |
| Tenant Phone Number | : | | | |
| Tenant Email Address | : | | | |
| Vehicle Make & Tag No. | | Vehicle N | Make & Tag No | |
| Emergency Contact & Ph | one No | | | |
| Name & Phone No. Of Re | ental Agent | | | |
| | <u>Co</u> | ndensed Rules And Reg | <u>ulations</u> | |
| pool. Disposable diapers a 3. Vehicles: No commercial v on the co 4. Motorcycles: Motorcycle | re not to be worn in the vehicles, campers, moormmon elements. In the sare not to be operated. | the pool at any time. Re- bbile homes, boats or trail apperable vehicles are sub- ated or parked on the pren be kept on the sidewal | | t all times. ored any place |
| 5. Pets: | | s are not permitted to has signated quiet hours are 1 | ave or bring pets on the premises. 1:00 PM to 9:00 AM. | |
| 7. Clothing: No clothing | | | ea or within the unit if it can be seen from the | ne outside |
| what to rec | ycle please call the o | and deposit in dumpster. office at 624-2355 or com- | We also RECYCLE. If you have any que eto the office by the swimming pool. ding to the fire code grilling must be done at | |
| | ation. By signing this | | n only and are not a substitute for the full se ned, state that we have received a copy and the Association. | |
| Signature | e(s) of renter/lessee_ | | Date | |
| Signature | e(s) of renter/lessee_ | | Date | |

Management: 1st Choice Condo Management Services, Inc. 941-625-2255 FAX 941-423-8286 22079 Kimble Avenue, Port Charlotte, FL 33952

Please complete for each renter age 18 and older for criminal background check.

Disclosure Consent Application

| Please Print Your Full Name | | Social Security Number | |
|---|---|--|--|
| Please Print Any Other Name | es You Have Used | Date of Birth | |
| Street Address | | | |
| City | State | Zip Code | |
| Driver's License # | Exp. Date | State Issued | |
| include information about m Public Records information s | e obtained from Law Enforceme uch as credit reports, social secu ecords and workers' compensati | report to be prepared on me, which may ent Agencies, State Agencies, as well as urity information, criminal history on records, such as are allowed by law and | |
| Signature | | Date | |
| Witness | | Data | |
| withess | | Date | |