

## Cape haze resort returning renter or guest

## APPLICATION FORM

This information must be provided by the current owner or rental agent to Casey Condominium Management and must be received no later than 10 days prior to tenant occupancy. The information provided will be used to run a background check. Approval must be received PRIOR TO occupancy.

•	Owner/Requester		Name of Tenants or Guests
Name:			Name:
Address:			Address:
City:			City:
State/Zip:			State/Zip:
			Phone: (
			Email:
Rental Agen	nt:		Unit
			Building:
City:			Unit:
			<b>Scheduled Occupancy Dates</b>
			From:/
			To:/
TENANT PRI	EVIOUS STAY:		
Unit previously rented Bldg:		Bldg:	Unit:
1 ime	e traine of previous stay	F10III:	To:
VEHICLE:	Make:		Year:
	Model:		
	License Number:		State:



CERTIFICATIONS.	
	signated parking (garage or carport) assigned to the unit ith access to Condominium and Community Association
☐ I am enclosing a copy of the lease for	rm
Owner/Rental Agent Signature	
FOR CAPE HAZE USE ONLY	
Application Received on	by:
Application $\square$ Approved / $\square$ Denied	by:
Owner Notified Date:	by: