

WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN SHORES INC.

MANDATORY LEASE APPLICATION

SERVICE/EMOTIONAL SUPPORT ANIMAL REQUIRE SEPARATE APPLICATION

**C/O Leading Edge C.A.M.
901 North Hercules Avenue, Suite A
Clearwater, Florida 33765**

Service@LeadingEdgeCAM.com Fax: (727) 461-9775

OWNER/AGENT MUST SUBMIT INFORMATION PRIOR TO MOVE IN DATE

7 (SEVEN) DAY MINIMUM RENTAL NO PETS ALLOWED

**Complete the form below by PRINTING the requested information, sign, date and fax or email to
Leading Edge C.A.M. at least 48 hours prior to arrival.**

19925 Gulf Blvd., Indian Shores, FL 33785 UNIT# _____ DAYS RENTED _____

Owner/Agent Name: _____ Telephone _____

Lessee Name: _____ Telephone _____

Lessee Name: _____ Telephone _____

Current Mailing Address _____ City _____ State _____ Zip _____

Term of Lease Date _____ / _____ / _____ to _____ / _____ / _____

Number of Occupants _____ (four with two overnight visitors, total occupants being 6 (six) maximum)

Vehicle Make _____ Year _____ Color _____

Applicant/Lessee(s) states that he/she has received a copy of all Governing Documents including Articles of Incorporation, Declaration, Bylaws, Rules and Regulations and has read and understood, and agrees to abide by all the conditions and terms therein and all reasonable rules and regulations enacted hereafter by the Association.

SIGN AND DATE BELOW:

_____	_____	_____	_____
Owner/Agent Signature	Date	Spouse/Co-Owner Signature	Date

_____	_____	_____	_____
Lessee Signature	Date	Spouse/Co-Lessee Signature	Date