EDGEWATER
CONDOMINIUMS

GUEST REGISTRATION FORM for Unit #_____

Please use this form to register any guest(s) who will be staying in your unit for a period of more than two weeks, but less than two months. Please return the completed form to the Association by email edgewater_condominiums@yahoo.com or by mail to Edgewater Condos, 175 Palmetto Woods Ct. Deltona, FL 32725. Thank you.

** ALL GUESTS MUST PROVIDE PHOTO ID AND VEHICLE REGISTRATION (IF APPLICABLE) **

1. Name (Adult): _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Email: _____

2. Name (Adult) if applicable: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Email: _____

Relationship to owner: _____

Anticipated Length of Stay: _____

By signing below, I give permission for the above person(s) to utilize my Condo. I have made said guests aware of the rules and regulations of Edgewater Condominiums. I acknowledge that I am responsible should my guest(s) violate any of Edgewater Condominiums rules and regulations.

Date: _____ Unit Owner's Signature: _____

Contact Information: Phone: _____ Email: _____

OFFICE USE ONLY:

Approved by: _____Date: _____

Date of arrival: _____Vehicle Information: _____

Date of departure: _____ Employee Initial: _____