



# The Meadows

## At World Golf Village

Saint Augustine, FL 32092

*The Meadows at Saint Johns Owners Association, Inc. – A Deed-Restricted Community*

## Tenant & Lease Information Form

*Submit at least 10 days prior to tenant occupancy per CCR Section 8.1.5*

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### PART A: PROPERTY & TENANT INFORMATION

Property Address: \_\_\_\_\_

Primary Tenant Name(s): \_\_\_\_\_

Additional Adult Occupants: \_\_\_\_\_

Tenant Phone: \_\_\_\_\_ Tenant Email: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

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### PART B: VEHICLE INFORMATION

*List ALL vehicles that will be parked on property or in community*

<u>Year</u>	<u>Make/Model</u>	<u>Color</u>	<u>License Plate</u>	<u>State</u>	<u>Registered Owner</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Additional vehicles: ☐ None ☐ See attached sheet

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### PART C: PET INFORMATION

☐ No Pets

☐ Pets Present - List below:

Pet 1: Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Size/Weight: \_\_\_\_\_

Pet 2: Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Size/Weight: \_\_\_\_\_

Additional pets: ☐ None ☐ See attached sheet

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# Tenant & Lease Information

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## PART D: LOCAL PROPERTY CONTACT INFORMATION

Primary Local Contact for Property Issues:

☐ Owner ☐ Property Management Company ☐ Designated Representative

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Available Hours: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

## PART E: OWNER INFORMATION

Owner Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

## PART F: REQUIRED DOCUMENTATION & CERTIFICATIONS

Attached Documents:

- ☐ Signed lease agreement (complete copy required)  
☐ Tenant acknowledgment form (if separate from lease)

Owner Certifications:

- ☐ Governing Documents provided to tenant prior to lease execution  
☐ Lease contains required compliance clause per CCR Section 8.1.8  
☐ All HOA assessments current as of submission date

## SIGNATURES

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## OFFICE USE ONLY - PERMIT VERIFICATION

Leasing Permit Status: ☐ Valid ☐ Expired ☐ Waitlisted

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Tenant Records Updated: ☐ Yes Date: \_\_\_\_\_ By: \_\_\_\_\_

Submit completed form via email to: [info@themeadowswgv.com](mailto:info@themeadowswgv.com)