

**CASSEEKEY ISLAND DOCK
CONDOMINIUM ASSOCIATION INC.**

C/O SEACREST SERVICES, INC.
2101 Centrepark West Dr., #110
West Palm Beach, FL 33409
Phone: 561-656-6310 Fax: 561-697-4779

January 6,2020

Dear Lessor(s):

We have been informed that you are in the process of leasing a slip in the Casseekey Island Dock Condominium Association, Inc. To begin the approval process, please complete the enclosed forms and return with the following required items:

1. One completed application form.
2. Fully Executed Lease Contract
3. Copy of Driver's License or State identification (for each lessee(s))
4. Vessel Registration or Documentation
5. Proof of Insurance.

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Date: _____

Proposed Lease Start Date: _____

Lessee's Name: _____

Co-Lessee's Name: _____

Lessee's Primary Address: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Email address: _____

Owner's Name: _____

Owner's Primary Address: _____

Owner's Secondary Address: _____

Slip #: _____

Vessel Information: Name: _____

Length: _____ Color: _____ Manufacturer: _____

Propulsion: _____ Registration #: _____

State / Country of Registration: _____

Insurance: Insurance Company Name: _____

Insurance Coverage Amount: _____

Casseekey Island Dock Condominium Association, Inc. named as additional insured? Yes _____ or No _____ [attach Certificate of Insurance]

Contact Information for Insurance Company: _____

Signature: _____ Signature: _____

Date: _____ Date: _____