

Guest Registration Permission

**The Fairways Condominium of Lehigh Acres, Florida, Inc.
c/o Management Professionals, Inc.
P.O. Box 794
Lehigh Acres, FL 33970**

To: The Board of Directors of Fairways Condominium of Lehigh Acres, Florida, Inc., Phase II. We hereby request permission for the following guest(s) to reside in our unit # _____ in Fairways Condominium of Lehigh Acres, Florida, Inc., Phase II from _____ until _____ while we are absent from the unit.

Please Type or Print

1. Full name of guest(s): _____
Address: _____

Phone Number: Home _____ Work _____ Mobile _____
2. Guest's relationship to owner: _____
3. Please state name, relationship and age of any additional persons who will be occupying the unit.
Name: _____ Relationship: _____ Age: _____
Name: _____ Relationship: _____ Age: _____
Name: _____ Relationship: _____ Age: _____
Name: _____ Relationship: _____ Age: _____
4. In case of emergency, please notify:
Name: _____ Relationship: _____
Street _____ Phone _____
City _____ State _____ Zip _____

5. Vehicles:
Make _____ Color _____ Year _____ Tag# _____
Make _____ Color _____ Year _____ Tag# _____

6. I am aware of and agree to abide by the Rules and Regulations of the condominium and any and all properly promulgated rules and regulations in effect within the terms of my (our) occupancy. I acknowledge receipt of copy of the Association rules.

Signature of Guest

Date

Signature of Owner

Date