

MISTY OAKS OWNERS' ASSOCIATION

PROPERTY LEASE/RENTAL/SWAP/HOUSE SITTING/PET SITTING

(Required For Occupancy Greater Than 72 hours)

Owners Name: _____

Property Address: _____

Occupant / Renters Information:

Name: _____

Permanent Address: _____

Cell Phone: _____

Email Address: _____

Driver's License # and State: _____

Number of people residing in Home: _____ **(Maximum 2 per legal bedroom)**

Names _____ Relationship to Homeowner, if any _____

Number of vehicles: _____ **(Must be accommodated in garage or driveway)**

Make: _____ Model: _____ Color: _____ Tag/State: _____

Make: _____ Model: _____ Color: _____ Tag/State: _____

Pets: Number of pets: ____ (If allowed by homeowner) Dogs: _____ Cats: _____

Breed (s) of Dogs: _____

Duration Information:

Length of Stay _____ Arrival Date: _____ Departure Date: _____

(For Rental/Lease the duration must be greater than 90 days, but less than 12 months.)

Please send this completed form no later than one (1) week prior to occupancy to:

Misty Oaks Owners Association

**Michael Regulbuto, President
8101 Misty Oaks Blvd
Sarasota, FL 34243**

Date Received _____ Signature _____