

MISTY OAKS OWNERS ASSOCIATION

PROPERTY LEASE/RENTAL INFORMATION

Owners Name: _____

Property Address: _____

Renters Information:

Name: _____

Permanent Address: _____

Cell Phone: _____

Email Address: _____

Drivers License # and State: _____

Number of people residing in Home: _____

Names & Relationship to lessee: _____

Number of vehicles: _____

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

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

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

Pets: Number of dogs: _____ Breed of Dogs: _____

Number of cats: _____

Lease Information:

Check-in Date: _____

Check out Date: _____

Duration of lease: _____

(Duration must be greater than 90 days, but less than 12 months.)

Please send this information **prior to the execution of the lease** to:

Misty Oaks Owners Association
c/o Larry Sullivan
8142 Misty Oaks Blvd
Sarasota, FL 34243
MOOAPres@gmail.com