PORT ROYAL CONDOMINIUM ASSOCIATION, INC., RENTER INFORMATION

Welcome to Port Royal. Please provide the following information prior to occupying the Unit:

Unit Owner(s): _____ Unit #:_____

Full names of all Tenants and Occupants:_____
_____
_____

Email and Cell phone of each Tenant signing the Lease Agreement:_____
_____
_____

Garage # _____ Locker # _____

Your length of stay: From _____ To _____ (*30 day minimum)

Owner Rental Agent:_____ Telephone:_____

Alternate Mailing Address: _____
_____

Type of Pet: _____ Weight: _____ (*max 1 pet; max 25 lb at maturity)

Vehicle information: (*no more than 2)

#1 Make _____ Model _____ Year _____ State ____ Tag #_____
#2 Make _____ Model _____ Year _____ State ____ Tag #_____

I, as Tenant, acknowledge I have received a copy of the Rules & Regulations of the Port Royal Condominium Association and agree to be bound thereby, and further agree that I am responsible for the actions and behaviors of anyone who will be occupying the unit or the common areas, whether as a tenant, occupant, guest, or otherwise.

Signature _____ Date _____

Signature _____ Date _____

I, as Owner, acknowledge I am responsible for the actions of the Tenant(s) as they relate to compliance with the Rules & Regulations of the Port Royal Condominium Association.

Signature _____ Date _____

Signature _____ Date _____

[insert link to Rules & Regulations]