

BRINY BREEZES, INC.
5000 N. OCEAN BLVD.
BRINY BREEZES, FL. 33435

DATE: _____
UNIT # _____
OWNERS: _____

RESIDENT GUEST(S) APPLICATION FORM

(Owner must notify office in advance and complete application form. Guest may stay for a period of up to 2 weeks in any 12 consecutive months while owner is not present).

NAME OF OWNER: _____ UNIT # _____

NAMES OF GUEST(S): (Please print or type)

1. _____ RELATIONSHIP TO OWNER _____

2. _____ RELATIONSHIP TO OWNER _____

TELEPHONE NUMBER: _____ CELL _____

I(we) will occupy unit from _____ to _____ 20_____

WILL YOU BE BRINGING A PET? YES ___ NO ___

ONLY ONE (1) PET ALLOWED IN PET DISTRICTS 1, 4. PETS ARE NOT ALLOWED IN DISTRICT 2, AND ONLY IN UNITS B-201 THROUGH F-212 IN DISTRICT 3. **PROVIDE SHOT RECORDS TO OFFICE**

Guest(s) must check in at office upon arrival. Purchase a (refundable) guest badge, receive a guest parking placard and place in view. Receive Rules from office. I hereby agree to abide by the Rules of Briny Breezes as established by the Board of Directors. Repeated violations is considered a breach of contract and may be cause for termination of occupancy. Misrepresentation on this application is grounds for rejecting this application.

Signature _____

Signature _____

Owner Signature _____

IN EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship: _____

Address _____ Phone _____