

**Moorings Point Condominium Association**  
*Seasonal Unit Owner's Monthly Inspection*

UNIT \_\_\_\_\_

OWNER(s): \_\_\_\_\_

THE FOLLOWING PERSON HAS AGREED TO INSPECT MY UNIT MONTHLY FOR ANY PROBLEMS WHILE IT IS UNOCCUPIED.

NAME OF PERSON ASSIGNED TO INSPECT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date Signed

PLEASE SIGN AND RETURN BY MAIL TO:

Moorings Point Office  
4510 North Key Dr.  
North Fort Myers, FL 33903

OR PUT IN THE MAILBOX ON THE WALL OUTSIDE THE MP OFFICE