BLUE CRAB KEY CONDOMINIUM ASSOCIATION, INC.

C/O PREMIER CAM SERVICES, LLC P.O. BOX 152047 CAPE CORAL, FL 33915 Office (239) 217-6599 Fax (239) 217-6598

Office@PremierCAMS.net

APPLICATION FOR RETURNING SEASONAL LEASE

I,	, hereby apply for approval to lease Blue Crab Key					
(applicant nam	ne)					
Condominium Association	on, Inc. Unit #					
personal style of living, Regulations and agree t	but by my signature to comply with them. erstand that said docu	certain limitations which may or may not restrict my below, I hereby acknowledge receipt of the Rules and I realize they were established for the benefit of the uments and state statutes provide penalties for violation.				
power and authority to violations by owners an	take whatever action d lessees and/or their Act, the Declaration o	ation is authorized to act as the owner's agent, with full in may be required, including eviction, to prevent ir guests, both invited and uninvited, of provisions of the of Condominium, Articles of Incorporation, By-Laws and				
Signature:	Date:					
APPLICANT:						
Lease to begin:	_Lease to end:	Unit you previously leased and dates:				
Name		Email				
Spouse's Name						
Present Address Street						
City, State & Zip Code_		Landlord				
Home Phone		Landlord Phone				

APPLICANT - PLEASE COMPLETE INFORMATION BELOW:

PEOPLE WHO ARE TO LIVE IN UNIT: (no more than five)						
NAME	Si	EX BIRTH D.	ATE	RELATIONSHIP		
TEN	ANTS ARE NOT P	PERMITTED TO K	EEP PETS AT B	LUE CRAB KEY		
VEHICLES:						
MAKE	YEAR	MODEL	TAG #	STATE		
Will you be kee registration nu		ondominium propert	y, if so, what is the	year, make, model and		
Will you be ked number?	eping a trailer on the	condominium prope	rty, if so, what is th	ne manufacturer and tag		
				vard. All trailers parked in learly marked on them.		
factual and tru	ue and agree that any		falsification of the	nt the information given is facts herein will justify its ry concerning this		
Applicant's Sig	nature:	D	ate:			
Applicant's Sig	nature:	D	ate			