## APPLICATION FOR SHORT TERM, SEASONAL LEASE

Name of Community:_PETUN	IA GARDENS CO	ONDOMINIUM	_ Date:	
Unit Address:	Apt. #:			
City:	State:		Zip:	
OWNER'S NAME:		Phone:		
I/we submit the following info unit listed above. <b>Picture id</b> as proof that lessee(s) are	entification on e	ach lessee must a		
Lease Term is From		to		
THE FOLLOWING INFORMATION	ON MUST BE COM	PLETED BY THE PRO	SPECTIVE LESSE	E:
Lessee Name:		D.O.B.: _		
Lessee Name:	D.O.B.:			
Present Address:				
Phone Number(s):				
Vehicle Make & Model	<u>Year</u>	Lic. Tag #	<u>State</u>	
A TRANSFER FEE OF \$100.0 PETUNIA GARDENS CONDO CURRENT OR SHORT TERM	MINIUM - ALL N	MAINTENANCE FE	-	
I/we understand that acceptare the Board of Directors. According who may use the unit which I/othe Declaration of Condominion which may in the future be im Regulations upon arrival. <b>IT</b>	dingly, I/we herel we seek to lease m and Rules and posed by the Boa	by agree for myself that I/we will abide Regulations which in rd of Directors. I/w	and on behalf of by all restrictions may currently be we will read the R	all persons s contained ir in effect or
I/we understand that sub-leas permitted without prior writter		•	ur absence by otl	ners is not
I/we understand that paymen approval for this transaction.	t of the \$100.00 t	ransfer fee does no	t in any way cons	stitute
Owner:		Date:		
Lessee:				
Lessee:		Date:		

THIS APPLICATION MUST BE MAILED TO AMBASSADOR MANAGEMENT TWO (2) WEEKS PRIOR TO THE ARRIVAL OF LESSEE TO UNIT.