

WEST PRESERVE AT WATERSIDE VILLAGE
C/O Sunstate Association Management Group
PO Box 18809, Sarasota FL 34276
RENTAL APPLICATION (3 MONTH MINIMUM)

Please include check for \$25 non-refundable processing fee made
payable to Sunstate Management
allapplications@sunstatemanagement.com / 941-870-4920

Address of RENTAL unit: _____ Unit # _____

Rental Period From: _____ to _____

Owner's Name: _____

Renter's Name: _____

Present Address: _____

Phone #: _____

Age(s) _____ Occupation(s): _____

Employed by: _____ How long? _____

Pet Description: _____

Breed _____ Weight _____

Business Address: _____ How long? _____

No. Children: _____ Age(s): _____

Vehicle Make: _____ Model: _____ Year: _____ Tag #: _____ State: _____

Contact In Case Of Emergency: _____

Phone: _____ Address: _____

Renter understands and agrees to observe all Rules, Regulations and Restrictions contained in the Association "Rules and Regulations" as well as any other Condominium rules that may be established by the Board of Directors. The renter(s) acknowledge having read the aforementioned Rules, Regulations and Restrictions by signing in the space provided below.

Signed: Renter: _____
Date: _____
Agent (if any): _____
Phone: _____

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BOARD ACTION: APPROVED: _____ REJECTED: _____ DATE: _____

SIGNATURE: _____ TITLE: _____