

## **RENTAL INFORMATION SHEET**

Please complete in full and submit with a copy of the written lease and Acknowledgement Sheet to Pages Place Home Owners Association no less than three days from renting the unit:

Address of Unit to be Rented:			
Owners Information: Name:			
Address:			
City:	State:	Zip:	
Phone: (Home)	(Mobile)	(Work)	
E-mail:			
If applicable; Designated Licen	sed Rental Agent:		
Name:			
Address:			
City:	State:	Zip:	
Phone: (Office)	(Fax)	(Mobile)	
E-mail:			
DATE RECEIVED:	REVIEN	VED BY:	
□ APPROVED □ DENIED DA	<i>TE:</i>	<i>TITLE:</i>	



## TENANT INFORMATION

Please complete in full and submit with a copy of the written lease and Acknowledgement Sheet to Pages Place Home Owners Association no less than two weeks prior to tenant occupying the premises:

Address of Unit to be Re	nted:				
Tenant Lease Term:					
Tenant Information:					
Name:					
Phone: (Home)	(	(Mobile)	(Office)		
E-mail:					
Emergency Contact:	Phone:				
VEHICLES:					
Make of Vehicle	Model	License Plate #	Color	State	
PETS (Limit 3 pets per un	it and max weight oj	f 50 pounds – if approved by Lai	ndlord):		
Pet's Name: Pet's License/Tag Number:					
Type of Pet (Please Circl	le One): DOG	CAT BIRD O	THER:		