

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 Lie Name:	ensed Rental Agent:		
Address:			
City:	State:	Zip:	
Phone: (Office)	(Fax)	(Mobile)	
E-mail:			
DATE RECEIVED:	REVIEWED BY:		
□ APPROVED □ DENIED	<i>DATE:T</i>	ITLE:	