

CANAVERAL SANDS RENTAL/ GUEST FORM

Your cooperation in completing this form thoroughly and promptly will be greatly appreciated. Please return the completed form to the management company.

MINIUM RENTAL PERIOD IS 30 DAYS (No Daily or weekly rentals)

Building/ Unit Number: _____

Name and phone number of owners: _____

Realtor Name: _____ Company: _____ Phone: _____

Name(s) of tenant/guest and phone number: _____

Email Address: _____

Number of Occupants: Adults _____ Individuals Under 18 Years old _____

Pets? ___ Yes ___ No Type of Pet: _____ Weight: _____

Length of Stay: Start Date _____ End Date _____

Emergency Contact Person: _____

Relationship _____ Phone: _____

Has owner/rental agent provided a copy of the rules and regulations to the tenant(s) /guest(s)?

Yes _____ No _____

Does tenant/guest agree to read the rules and regulations and agree to comply with them? Yes _____ No _____

Renter/Less/Guests Signature _____

Motor vehicle information to keep car from being towed:

1. Year _____ Make _____ Model _____

Color _____ Tag # _____ State _____

2. Year _____ Make _____ Model _____

Color _____ Tag # _____ State _____

**** Canaveral Sands is home to many permanent residents and is not a hotel, motel or vacation resort. Management, the Board of Directors and residents monitor and uphold the Rules and Regulations of the Association.**

Thank you for your cooperation in filling out this form.

Date Completed: _____

**** If Leasing: A copy of the signed lease and copies of tenants Driver License must be submitted to Keys Property Management located at 5505 N. Atlantic Avenue, Suite 207, Cocoa Beach, Fl. 32931 or emailed to Property Manager Rick Alexander at rick@kpme.us**