

Date		Date
GENERAL INFORM	IATION	
Unit # Owner/	Rental Agent	
Arrival Date	Departure Date	
(Rentals mu	st be for 30 days or more and cannot b	e split among family or friends)
Tenant's Name(s)		
Tenant's City, State, Co	untry	
Names of all people sta	ying in the unit the entire rental time.	
Name		Adult Child
	If so what kind? be up to date on vaccines and be no more	
If you are bringing	an animal in the capacity of an assista	ant animal, please read our guidelines
Emergency Contact		Phone Number

Effective September 2024 Ocean Pines Condominiums 55 N 4<sup>th</sup> Street, Cocoa Beach FL 32931

(Emergency contact is someone other than the tenants staying in the unit)



## **VEHICLES** Number of vehicles \_\_\_\_ Make \_\_\_\_ Color\_\_\_\_ Tag \_\_\_\_ State \_\_\_\_ (Renters cannot bring more than two vehicles Make \_\_\_\_\_ Color\_\_\_\_ Tag \_\_\_\_ State \_\_\_\_ on property.) **GUESTS** Ocean Pines Owners Association requires the name and car description of all guest(s) who will be on property overnight. Guest(s) visiting while the unit is rented: Name \_\_\_\_\_ Model of Car \_\_\_\_ Color \_\_\_ State \_\_\_ PLEASE INITIAL THE FOUR ITEMS BELOW AND SIGN AND DATE THE FORM "I understand that I am responsible for all occupants of this unit, including my quests". "I understand that I cannot sublet or loan the unit I am renting out at any time". "I understand that I cannot plug any electrical cars, bikes, or scooters into the garage or the unit". I have read and will comply with the Rules and Regulations for Tenants and Guests, Pool Rules, and any other rules or regulations in effect and will ensure that any guests that I have comply also".

Date Signed

Signature of Tenant