

The Meadows

Condominium Association Inc.

RENTER INFORMATION FORM

BUILDING: _____ UNIT: _____

NAME: _____

ADDITIONAL OCCUPANTS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

LEASE TERM:

- ☐ SEASONAL (MAXIMUM 6 MONTHS) BETWEEN OCT 1ST & SEPT 30TH
☐ YEAR ROUND / FULL TIME TENANT

LEASE EXPIRATION DATE: _____

***I UNDERSTAND IT'S MY RESPONSIBILITY TO SUBMIT A CURRENT LEASE TO THE MEADOWS
CONDOMINIUM ASSOCIATION.**

UPON EXPIRATION OF LEASE, PLEASE COMPLETE MAIL FORWARDING FORM TO ENSURE YOU RECEIVE
ALL FUTURE CORRESPONDENCE.

VEHICLE DETAILS:

MAKE _____

MAKE _____

MODEL _____

MODEL _____

COLOR _____

COLOR _____

PLATE _____

PLATE _____

DECAL _____

DECAL _____

I WILL FOLLOW THE MEADOWS CONDOMINIUM ASSOCIATION RULES & REGULATIONS.

ADDITIONALLY I **WILL NOT** DISPOSE OF FURNITURE, APPLIANCES, OR OTHER LARGE GARBAGE WITHIN
THE ASSOCIATION DUMPSTER.

SIGNATURE

SIGNATURE

PRINT

PRINT