

May Management Services

11100 Bonita Beach Rd, #101
Bonita Springs, Florida 34135
(239) 262-1396
rstahl@maymgt.com

Date Stamp

GUEST DISCLOSURE & REGISTRATION FORM

ASSOCIATION: _____

DATE: _____ **NAME OF OWNER:** _____

The following individuals will be guests at _____ (address) during our/my **ABSENCE:**

1. Approximate Dates of: ARRIVAL_____/_____/_____ DEPARTURE_____/_____/_____
2. Name of guest(s)_____ Spouse_____
3. Address_____
4. City_____ State_____ Zip_____
5. Relationship to Owner_____
6. Names of Occupants and age: _____

7. Vehicle Make_____ Model_____ Year_____
- State & Plate # _____ → See By-Law and Rules on Limitations and Restrictions
8. In case of emergency, notify:_____ Phone #:_____
9. I HERE BY CERTIFY THAT THIS OCCUPANCY IS NOT IN VIOLATION OF ANY ASSOCIATION RULES, NOR AM I/WE COLLECTING ANY FORM OF RENT OR COMPENSATION IN FORM OF MONIES OR BARTER.

VIOLATION OR NON-COMPLIANCE MAY RESULT IN A FINE TO THE OWNER.

I, the owner of the above unit hereby affirm that no fee or other consideration is connected with this occupancy.

Owner Signature