CASA PRIMA APARTMENTS ASSOCIATION INC

Ameri-Tech Community Management 6415 1st Avenue South, St. Petersburg, FL 33707 Phone: 727-726-800 Fax: 727-873-7307

dfedash@ameritechmail.com

APPLICATION FOR SALE/LEASE NOTIFICATION OF OCCUPANCY

To help speed up processing or your application or residence, please fill in all the information requested on both pages of this form.

Approval by the Board of directors is necessary before taking residence.

A check made out to CASA PRIMA APARTMENT ASSOCIATION INC. for the application/processing fee of \$150.00 along with the completed application must be submitted to Ameri-Tech Community Management at 6415 1st Avenue South, St.

Petersburg, FL 33707 for processing prior to taking occupancy. A copy of the lease must be submitted with the application if applicable.

DATE:		UNIT	#:		
			EMAIL:		
Please Print Firs	st and Last Name				
RESIDENT/GUEST(s):			EMAIL:		
Please Print Firs	t and Last Name				
PROPOSED DATE OF OCCUPANCY	FROM:		TO:	-	
RETURN GUEST(S) YES: NO	MONTI	H /DAY /YEAR	and Unit #	MONTH /DAY/ YEAR	
++++++++++++++++++++++++++++++++++++++):	.e: +++++++++++++++	_ and Unit # +++++++++	-++++++++++++++++	
PROVIDE THE FOLLOWING INFORM (Names of ALL occupants intending		• •			
(8 to coup, is requi				
PLEASE PRINT					
OCCUPANT 1:					
LAST	FIRST	MIDDLE		PHONE#	
OCCUPANT 2:					
LAST	FIRST	MIDDL		PHONE#	
OTHER UNIT OCCUPANTS					
PET ONE:					
TYPE OF ANIMAL			NAME	WEIGHT	
PET TWO:					
TYPE OF ANIMAL	BREED	COLOR	NAME	WEIGHT	
Name and phone # of most recen-	landlord (if less tha	n six months, please	provide name a	nd phone # of last two landlords)	
NAME	PHONE #		NAME	PHONE #	
** ONLY ONE PARKING SPACE	PER UNIT**				
VEHICLE:	T <i>A</i>	۸G:		STATE:	
VEHICI E:	T	ve.		STATF.	
Consult vehicle parking rules SPFC		N VEHICLES WITH FX	PIRED TAGS. PA	STATE: RKING IN UNAUTHORIZED SPACES, AN	D PARKING
ON GRASS. No boats, oversized ve					
\$150.00 Application/Processing fe				ECK #·	

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IN CASE OF EMERGENCY, PLEASE CONTACT:

- NA A II -	NAME	ADDRESS	PHONE #
EIVIAIL	NO	TICE TO APPLICANTS AND APPLICANT SIGNATURES	
A.	I acknowledge receipt (provided by O any amendments thereto	wner) of a copy of the Community Policies and hereby agree	e to abide by them, together with
В.	I understand that a violation of the Covacate premises within fifteen (15) da	ommunity Policies can result in revocation of approval, and ays.	I will thereupon be required to
DATE :			
APPLIC	ANT SIGNATURE:	EMAIL:	
CO-API	PLICANT SIGNATURE:	EMAIL:	
+++++	***************************************	+++++	+++++++++++++
		AS OWNERS	
C.	I will make certain that no tenant will Board of Directors – up to seven work	its behalf I will assume responsibility for the costs of this act occupy my condominium until, or unless this application is king days required. Approval is contingent upon all financial ed to, maintenance fees, assessments, late fees, fines, etc. b	first approved and signed by the matters with the Condominium
DATE: _			
OWNE	R / AGENT SIGNATURE:	EMAIL:	
APPRO	VED:		
	BOARD OFFICER / DATE	BOARD OFFICER	R / DATE
DISAPP	PROVED:		
	BOARD OFFICER / DATE	BOARD OFFICER	R / DATE
REASO	N DISAPPROVED:		