

EMAIL: OS2MANAGER@COMCAST.NET

Tel: (772) 229-1898 Fax: (772) 229-1911

OWNER FORM FOR GUEST CERTIFICATION

Guests staying longer than 14 days are subject to the terms of the rental policy and must pay the \$100.00 rental fee. Please submit this form to the office prior to guest arrival.

To: Oceana South Condominium Manager	Date:	
Owner Name:	Unit #	
please print		
The following individuals are my guests and my absence for the following dates:	l are not tenants and will be occup	oying my unit in
From:	To:	
I certify that I am not receiving any rental in	ncome.	
Name(s) of Guest(s):		
Address:		
City:	State:Zip:	
Contact Number While On	Property:	
Emergency Contact:		
I certify that the above is a correct and full of accountable for any violation of the Associator agents and any damage they may cause to copy of our Rules and Regulations.	ation Rules by a family member,	guests, tenants,
Owner Signature:		



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UNIT OCCUPANCY CERTIFICATION FORM

Please present this form to the management office upon arrival.

To: Oceana South Condominium Manager	Date:
Owner Name:	Unit #
I am a guest in Unit and I certify that I am	
I will be occupying the unit from:	to:
Name(s) of Guest(s):	
Address:	
City: State:	Zip:
Telephone Number:	
Contact Number While On Property:	
Vehicle Information:	
I certify that the above is a correct and full disclosure longer than 14 days are subject to the terms of the rentental fee. I understand that I shall be held accountable Rules and that any damage I or other guests in the unowner. I have received a parking permit and understandshield at all times while the vehicle is on the Occupant of the Correct Signature:	. I understand that guests staying tal policy and must pay the \$100.00 le for any violation of the Association it may cause will be billed to the unit and that it must be visible in the front