

FL CAM Services, LLC. 5000-18 U.S. HWY 17 S #123 • Fleming Island FL, 32003 Office@floridacamservices.com • (904) 878 0633 www.autumnglenfip.com

OCCUPANT INFORMATION FORM

STRE	ET NUMBER:		DATE:					
	Dne: Tenant (lease)	Occupied by Friend or Family Member (no lease)	Owner Occupied /	Second Home				
		(ite isass)	Signature of Owner					
			If Owner Occupied or Second Home, skip the rest of the form.					
	erm "Occupant" is any ir ut the Owner present.	ndividual (Tenant, Invitee, Gue	st, House Sitter) inhabiting a	unit (with or wit	hout compensation to the Owner) with or			
From:		Owner / Agent	to					
		Owner / Agent		C	Occupant			
Period	d of Occupancy: From	t)	or Closing D	Date			
		wing information is true and cor that inquiry which is necessary		inquiry and <u>inves</u>	tigation concerning this information or any			
1)	If the unit is to be occupied by other than the Owner, the Owner agrees to supply the Board of Directors with Occupant Information Form and a COPY OF LEASE fifteen (15) days prior to occupancy:							
2)	The governing documents for the above-referenced Townhome Owners provide an obligation of unit owners that all units are for single family residence use only. Please state the name, relationship, age and occupation of all other persons who will be occupying the unit:							
		<u>Name</u>	<u>Relationship</u>	<u>Age</u> 	<u>Occupation</u>			
3)	Occupant Phone:		Occupant Email:					
4)	Unit owner's alternate a	ddress:						
,					Phone:			
5)	Automobile of persons v	who will occupy the unit:						
	Make:		Tag #:		State:			
	Make:		Tag #:		State:			
6)	Number of pets (maxim	um of two (2)): Dog/Cat:		Dog/C	at:			

Occupant Information Form

7) Re	eal Estate or Rental Agent Name:	Phone:					
Ad	Address:						
	Send completed application to:	Autumn Glen Townhome Owners Association, Inc. c/o FI cam Services, LLC. 5000-18 US Highway 17 S #123 Fleming Island, FL 32003 office@floridacamservices.com					
Covenan regulation	nt states that he/she has received and reviewed hts, Articles of Incorporation, By-Laws, and has rea ons hereafter officially enacted by the Association.	ad, understands and agrees (i <i>nitial)</i>	s to all conditions and terms therein and all rea	asonable rules and			
This approval is subject to all financial obligations to the association including, but not limited to, maintenance fees, late charges, special assessments, legal fees and application fees having been paid in full or will be paid at the time of occupation of the unit. Should this application be approved, the undersigned hereby agree to abide by the DECLARATION AND GENERAL PROTECTIVE COVENANTS FOR AUTUMN GLEN and any amendments thereto. As an Occupant, I understand a violation can result in a revocation of approval and I will thereupon be required to vacate (initial)							
	Owner / Agent	Date	Occupant				
	DO NOT WRITE	BELOW THIS LINE -	OFFICE USE ONLY				
Approva	al of Occupant:						
Pursuant	t to Article XI, Section 19, of the Declaration and G	General Protective Covenar	nts for Autumn Glen, the Board of Directors ha	S:			
☐ Appro	roved the Occupation (Lease) of Unit Number	Dat	e:				
☐ Disap	pproved → Reason:						
Officer's Signature:							
	Copy of Lease Agreement is attached. N Date:						
	nducted by: Conducted by:						