

LAKES OF JACARANDA CONDOMINIUM ASSOCIATION

10789 Cleary Blvd.

Plantation, FL 33324

954-372-7992

info@lakesofjacaranda.com

www.lakesofjacaranda.com

Lease Renewal Checklist

Please make sure you have all the forms filled out completely that are on this check list and everything required is attached.

- ____ 1. Contact information form
- ____ 2. Lease attached
- ____ 3. Car information form
- ____ 4. Car Registration Attached
- ____ 5. Pet Registration Form
- ____ 6. Pet Vaccination Records Attached
- ____ 7. Pet Photo Attached
- ____ 8. Owner/Landlord Proof of Liability Insurance Attached
- ____ 9. Key on File
- ____ 10. Updated photo provided of any resident who is 18 years and older.
- ____ 11. If unit is under management, copy of management agreement as well as contact information.
- ____ 12 Unit has no pending violations or fines. Unit has had ____ violations in the last 12 months.
- ____ 13. Unit ledger does not have outstanding balance

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Office Hours

Monday	8:30AM - 4:30PM
Tuesday	Closed
Wednesday	8:30AM - 4:30PM
Thursday	8:30AM - 4:30PM
Friday	Closed

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Contact Information

Name of everyone living in unit _____

Address _____

Email _____

Phone _____

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Car Information Sheet – Please attach car registration

Unit address: _____

Resident Name: _____

Make of Car: _____

Model of Car: _____

Color of Car: _____

Name on Car Registration: _____

License Plate Number: _____

Office use only

Decal # _____

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Car Information Sheet – Please attach car registration

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Resident Name: _____

Make of Car: _____

Model of Car: _____

Color of Car: _____

Name on Car Registration: _____

License Plate Number: _____

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Pet Registration Form

Only one dog and/or one cat allowed per unit. No weight limit for dogs. No Pit Bulls or mixed Pit Bull breeds allowed.

The Lakes of Jacaranda Condominium Association agrees to permit you to keep the pet that is described below. Nonrefundable annual pet fee of \$150.00 due upon move in.

1. Type of Pet: _____

2. Breed: _____

3. Age: _____

4. Color Description: _____

5. Please attach proof from the veterinarian that the pet is current on all vaccinations. (Receipt /Vaccine records)

6. Please attach a photo of your pet.

7. Annual non-refundable pet fee of \$150.00

Unit Address: _____

Resident Name: _____

Signature: _____ Date: _____