

ORMONDY CONDOMINIUM MANAGEMENT ASSOCIATION

1513 OCEAN SHORE BLVD, ORMOND BEACH FL 32176

OFFICE (386) 441-5704 FAX (386) 441-4615

OCCUPANCY ANNOUNCEMENT FORM

TO BE COMPLETED BY OWNER

Name of Owner or Agent: _____ Email: _____

Phone number: _____ Unit/ Apt #: _____

Overnight Guest/Renters Information:

Guest/Renters full name and phone number: _____

Length of Stay From: _____ To: _____

Vehicle Driven Make, Color, State of Registration (no trailers no RV's): if available

_____.

Address: _____ City: _____ State: _____ Zip: _____

Number of guests including children: _____

I have provided to my renters /guests a copy of the Rules & Regulations.

I have given specific instructions to access the building and common areas.

I will provide a FOB (electronic key) to access the building.

I will be responsible for any damages incurred by my guests while they stay at the building.

I will instruct my guests not to contact maintenance personnel with malfunction of appliances or heat/air conditioning in my unit.

Owner/Member Comments to management
