

EAST HORIZON CONDOMINIUM ASSOCIATION
UNIT OWNER LEASING UPDATE FORM

PLEASE PRINT CLEARLY:

Unit # _____

Unit Owner (Primary Contact):

Name _____

Phone _____ (Text? Yes ___ No ___)

Email _____

Tenants at East Horizon

Tenant Info:

Term of Lease: From: _____ To: _____

of Adults: _____ # of Children: _____

Tenant Primary Contact (POC) Name: _____

Tenant POC Phone _____ Text ? : Yes ___ No ___

Tenant POC email: _____

Minor? (Y/N)

Tenant 2 Name: _____

Tenant 3 Name: _____

Tenant 4 Name: _____

Tenant 5 Name: _____

Tenant 6 Name: _____

Tenant Emergency Contact Name: _____ and

Tenant Emergency Contact Phone: _____

Auto #1 License Plate #: _____ State: _____

Auto #2 License Plate #: _____ State: _____

EHCA Common Area Key number(s) authorized for use by Tenants: _____

I certify that the Tenant has acknowledged receiving Rules & Regulations and has agreed to follow them:

Signed (Unit Primary Contact): _____ Date: _____

A copy of the lease naming all occupants must be attached or submitted electronically along with this form.