



SUMMERLIN WOODS CONDOMINIUM ASSOCIATION, INC.

"A Multi-Association, Limited Access, Gated Community"

office: Executive Suites at World Plaza

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(REVISION B)

NON-RELATED GUEST APPLICATION

(OCCUPANCY TERM NOT TO EXCEED 30 DAYS)

(LIMIT 2 APPLICATIONS PER YEAR)

(10 DAY PRIOR NOTICE REQUIRED) (PLEASE PRINT)

UNIT OWNER NAME _____ **UNIT ADDRESS** _____

START DATE _____ **ENDING DATE** _____

(A) GUEST NAME _____

RELATIONSHIP TO OWNER _____

DATE OF BIRTH _____ **DRIVER LICENSE #** _____

CURRENT ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

EMAIL ADDRESS _____

PHONE/ HOME (____) _____ **CELL** (____) _____

(B) GUEST NAME _____

RELATIONSHIP TO OWNER _____

DATE OF BIRTH _____ **DRIVER LICENSE #** _____

CURRENT ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

EMAIL ADDRESS _____

PHONE / HOME (____) _____ **CELL**(____) _____

ADDITIONAL GUEST INFORMATION

(LIMIT 2 ADULTS PER BEDROOM) (LIST ALL PERSONS THAT WILL OCCUPY THE UNIT)
(NAME & RELATIONSHIP) (IDENTIFY IF GUEST IS UNDER 18 YEARS OF AGE)

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

VEHICLE INFORMATION (LIMIT ONE GUEST VEHICLE PER UNIT)

MUST DISPLAY GUEST PERMIT ON VEHICLE (MIDNIGHT TO 9:00 AM)
(OPEN- BED TRUCKS, MOTORCYCLES, WATERCRAFT & TRAILERS ARE PROHIBITED ON
PROPERTY FOR RESIDENTS & GUESTS)(SEE RULES & REGULATIONS)

RENTAL VEHICLE (YES/NO) _____

PERSONAL VEHICLE INFORMATION (LIMIT ONE VEHICLE PER UNIT)

(YR) _____ MAKE/MODEL) _____ (2/4DR) _____
(CAR/TRUCK/SUV) _____ (COLOR) _____ (LIC/TAG#) _____ (ST) _____

NOTE: (NO PETS ALLOWED FOR GUESTS/ NO VISITING PETS ALLOWED)

PERSONAL REFERENCE & EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
DAY PHONE (____) _____ NIGHT PHONE (____) _____

GUEST APPLICANT AGREEMENT & CONSENT

GUEST APPLICANTS DO HEREBY AGREE AND CONSENT THAT THE ASSOCIATION MAY
REQUEST AND OBTAIN ADDITIONAL INFORMATION THAT THE ASSOCIATION DEEMS
NECESSARY IN THE PROCESSING OF THIS APPLICATION.

**IN THE EVENT THAT UNIT OWNERS ARE SUSPECTED OF CIRCUMVENTING RENTAL
RSTRICTIONS BY RECEIVING CONSIDERATION FOR OCCUPANCIES WHICH ARE HELD
OUT AS GUEST OCCUPANCIES, THE ASSOCIATION MAY REQUIRE PROPOSED GUEST
OCCUPANTS TO SUBMIT PROOF OF FAMILIAL/RLATIONSHIP, AN AFFIDAVIT AS TO
ABSENCE OF PAYMENT FOR THE RIGHT TO OCCUPY THE PREMISES, AND THE LIKE.**

**NOTE: NON-RELATED OVERNIGHT GUESTS IN THE ABSENCE
OF THE OWNER, WILL BE LIMITED TO TWO (2) OCCUPANCIES
PER CALLENDAR YEAR. A TEN DAY PRIOR NOTICE BY
APPLICATION TO THE ASSOCIATION IS REQUIRED.**

ACKNOWLEDGMENT

GUEST APPLICANTS HEREBY ACKNOWLEDGE RECEIPT OF THE ASSOCIATION RULES AND REGULATIONS AND AGREE THEY AND THEIR GUESTS WILL FULLY COMPLY WITH SAME. APPLICANTS HEREBY ACKNOWLEDGE THAT **NO PETS, MOTORCYCLES, BOATS, TRAILERS ETC. WILL BE BROUGHT UPON THE ASSOCIATION PROPERTY BY THEIR GUESTS OR INVITEES.**

APPLICANTS HEREBY CERTIFY AND SWEAR THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO DATE TO THE BEST OF THEIR KNOWLEDGE.

NOTE: A COPY OF EACH ADULT GUEST DRIVER LICENSE MUST BE SUBMITTED ALONG WITH THIS APPLICATION.

SIGNATURE (OWNER/AGENT) DATE_____

SIGNATURE GUEST APPLICANT (A) DATE_____

SIGNATURE GUST APPLICANT (B) DATE_____