

THE VILLAGE OF DORAL WOODS ASSOCIATION, INC.

HOMEOWNER'S NAME (Please Print)

<u>Last</u>		<u>First</u>		<u>M.I.</u>	
<u>Address:</u>					
<u>Mailing Address:</u>					
<u>Telephone No.</u>			<u>e-Mail Address:</u>		

TENANT'S INFORMATION

Lease Effective Date: _____ Lease Termination Date: _____

LESSEE'S NAME (Please Print)

<u>Last</u>		<u>First</u>		<u>M.I.</u>	
<u>Telephone No.</u>			<u>e-Mail Address:</u>		
<u>Lessee's Employer:</u>					

CO-LESSEE'S NAME (Please Print)

<u>Last</u>		<u>First</u>		<u>M.I.</u>	
<u>Telephone No.</u>			<u>e-Mail Address:</u>		

Transmitter # in use

<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>
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Other Occupant(s)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>

Total No. of Adults and Children living in Unit: _____

Emergency Contact Information:

<u>Name</u>	<u>Relationship</u>	<u>Phone No.</u>

CAR INFORMATION:

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Color</u>	<u>State</u>	<u>License #</u>

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT:

<u>Lessee</u>	<u>Signature</u>	<u>Date</u>	
<u>Co-Lessee</u>	<u>Signature</u>	<u>Date</u>	