

Meadowcroft Condominium Association, Inc.

GUEST REGISTRATION FORM

“Guest” is defined as a non-paying guest inhabiting a Meadowcroft villa unit in the owner’s absence.

Please forward this complete form to the Association Office at **5701 15th Avenue West, Bradenton, FL 34209** a minimum of 10 days prior to occupancy. It is the responsibility of the owner to review, with their guests, the rules and regulations in the Manual for Owners, Residents and Tenants for specific responsibilities.

Fax: 941-792-3990. E-mail: psypher@meadowcroftnorth.com.

GUESTS

| | |
|--|-----------------------------|
| _____ (GUEST NAME – PRINT NAME) | _____ (TELEPHONE #) |
| _____ (CURRENT HOME ADDRESS) | _____ (RELATIONSHIP/AGE) |
| _____ (GUEST NAME – PRINT NAME) | _____ (TELEPHONE #) |
| _____ (CURRENT HOME ADDRESS) | _____ (RELATIONSHIP/AGE) |
| PET | |
| _____ (PET NAME – PRINT NAME) | _____ (TYPE/BREED) |
| _____ (WEIGHT *note pets over 25lbs are not permitted) | _____ (COLOR) |

To occupy my unit located at:

As a non-paying guest for the period from: _____, _____ to _____, _____

I understand the responsibilities set forth in the Manual for Owners, Residents and Tenants and will ensure that the guest’s names above will be made familiar with the provisions therein:

Owner Signature: _____ Date: _____

Meadowcroft Condominium Association, Inc.

Association Portion

This application for guest registration was received on: _____, _____.

By: _____.

The above application is approved by the Community Association Manager on:

_____.

Paula Sypher
Community Association Manager