LAKESIDE CROSSING CONDOMINIUM ASSOCIATION, INC.
c/o Ameri-Tech Property Management
6415 1st Ave. S.
St. Petersburg, Fl 33707
727-726-8000 / FAX 727-873-7307

RENTAL/SALES APPLICATION FORM

Please complete this form and return it to management at the above address. Allow ten (10) days for processing. All rentals are for a one (1) month minimum.

Name of Owner: _____ Unit No: _____

Address if different from the building: _____

Name of Tenant(s): _____

_____

Pet(s)-number-breed-size: _____

Number/type of Vehicles: _____

Current phone: _____

Date of lease: From: _____ To: _____

I understand that, by my signature below, I have read and understand the Rules and Regulations of Lakeside Crossing Condominium and hereby agree to abide by them accordingly. I further understand that leases shall be for a **minimum of one (1) month.**

_____ _____

Signature of Tenant **Owner Signature**

Date: _____ Date: _____