TARPON ISLAND CLUB ASSOCIATION

Application for Approval

A \$50.00 processing fee must be presented with this application for rentals and purchases. Please make check payable to the TARPON ISLAND CLUB ASSOCIATION, INC.

SALE		L	EASE	<u>X</u>	
BUILDING 1820	UNIT #	DOCK # (If Applica	able) <u>N / A</u>		
Present Owner					
Present Owner Address 1	820 Tarpon Lane			_	
Name of Applicant/Ten Drivers License or ID (nant (State and number)		SS#		
Directs License of 1D (State and number)				
Name of Applicant/Ter	nant	<u> </u>	SS#		
Drivers License or ID ((State and number)				
Names of Children to I	Reside in Unit:			Δ σε	
rames of Children to 1			Age		
Present Residence Add	ress & Phone #				
Present Occupation Name & Address of Fi	rm	Y	ears Employ	yed	
Term of Lease (if appli Lease restrictions: Mi allowed. References (Include Or 1	nimum lease period ne Banking Referen	d is 3 months. Only	y two tenanc	ies per year are	oved)
Please describe all mot	or vehicles owned b	by applicant to be p	arked on As	sociation Property	y*:
Year Make Make	Mod	elT	ag #/State		
Year Make	Mod	el T	ag #/State		
*Trucks and Mot	orcycles are not po	ermitted to be par	ked on Asso	ociation Property	₇ *
I HAVE RECEIVED A WILL READ AND COM			UB RULES A	AND REGULATIO	NS. I
Date	Signature of	Applicant			
Date	Signature of	Applicant			
Name of Realtor	<u>NA</u> *******	Phone #	*****	******	
ApprovedBoard Member:			Title_		

Tarpon Island Club Condo Association

c/o A.R. Choice Management
100 Vista Royale Blvd., Vero Beach, FL 32962
Phone: (772)567-0808 ~ Fax: (772)567-2551
Francine@archoice.com ~ Cindy@archoice.com

PET APPROVAL

Pets not weighing over 20 pounds are permitted at Tarpon Island Club. All Applications for approval must contain a Veterinarian's Certificate.

Owner's Name:			
Address:	Bldg.	:	Unit #:
Pet's Name:	Breed	l:	Weight:
Height:	Age:	Are Shots Current?	
Veterinarians Name & Ph	one #:		
	VETERINARIA	N'S CERTIFICATION	I
Date:			
I,	, certify	that the above inform	ation is accurate.
W:4		G:	
Witness		Signature	
	ge or harm by the pet due		c., it's Directors and Members of gence or misuse of the said Unit
	NO PETS UPON LEA	SING AND/OR CLO	<u>DSING</u>
I,approval. Should I acquir	, acknowledgere a pet during my resider	e that I have no pets; the	nerefore, I request, no pet Board for PET APPROVAL.
Signature of Owner or Le	ssee		Date
Approved	Not Approved	Date	
Board Member:		Title_	

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To the Residents of Tarpon Island Club Condo Association:

In the event of a physical or personal catastrophe to your apartment or to yourself, it would be helpful to the TIC Board and to the management company to have the following form available.

Your Name and Unit #				
Your phone #				
Persons to be notified in case of emergency:				
Local – Name				
Address				
Phone #				
Cell #				
Relative – Name				
Address				
Phone #				
Cell #				

Please return to:

A.R. Choice Management 100 Vista Royale Blvd. Vero Beach, FL 32962