

HERON LAKES CONDOMINIUM ASSOCIATION, INC.

C/o Argus Management of Venice
181 Center Road
Venice, FL. 34285
Phone (941) 408-7413 Fax (941) 408-7419

RENTAL APPLICATION

I/We hereby make application to the Board of Directors for a 90-day minimum rental.
And we have attached a \$50.00 application fee.

UNIT ADDRESS: _____ POSSESSION DATE: _____

TERM OF LEASE: _____

RENTER INFORMATION:

NAME(S): _____ PHONE: _____

ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP: _____

NAME(S) OF ADDITIONAL PERSONS TO OCCUPY CONDO (give ages if under 18):

MOTOR VEHICLE/MAKE: _____ YEAR: _____ LICENSE _____

PER INFORMATON, PER RULES & REGULATIONS, (one allowed, if permitted by owner)

I HAVE RECEIVED AND READ THE RULES AND REGULATIONS FO THE HERON LAKES ASSOCITION AND AGREE TO ABIDE BY THEM.

Signature of Applicant

Signature of Applicant

PHONE: _____

DATE: _____

BOARD ACTION: APPROVED () DISAPPROVED () DATE _____

Signature of Board Member

Title

RETURN TO:

**ARGUS MANAGEMENT OF VENICE
181 CENTER ROAD
VENICE, FL. 34285**