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**CALUSA PALMS V CONDOMINIUM ASSOCIATION
RENTER INFORMATION SHEET
(PLEASE PRINT)**

UNIT _____

OWNER'S NAME(S): _____

RENTERS(S) NAME(S): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: DAYTIME: _____ EVENING: _____

RENTERS EMAIL ADDRESS: _____

LENGTH OF STAY: _____ (WEEKLY RENTALS PROHIBITED)

CONTACT FOR RENTER IN CASE OF EMERGENCY:

NAME: _____ TELEPHONE: _____

CLOSEST RELATIVE:

NAME: _____ TELEPHONE: _____

PERMENANT ADDRESS RENTER:

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: DAYTIME: _____ EVENING: _____

Signature

Date

Please complete this sheet each and every time you have a renter in your unit and send to Sandcastle PMB. Please ensure that Sandcastle also has an updated lease or rental agreement on file for renters currently in your unit.

PLEASE NOTE WEEKLY RENTALS ARE NOT PERMITTED

If your unit is currently being rented, please return this information sheet to:

CALUSA PALMS V CONDOMINIUM ASSOCIATION
c/o Sandcastle Property Management & Brokerage, LLC
16266 San Carlos Blvd, Suite 10
Fort Myers, FL 33908