

Waters Edge Owners Association

Transient Rental Application

Date: _____ Name: _____

Primary Address: _____

City _____ State _____ Zip Code _____

Rental Address: _____

City _____ State _____ Zip Code _____

Application Fee: _____

Putnam County Certificate Application

Certificate Number:	
Date Issued:	
Date Renewed:	
Maximum Occupancy:	
Violations or Pending Action:	
Confirmed By:	
Copy Attached:	
Other:	

Is Waters Edge Owners Association listed as Additional Insured on all insurance policies pertaining to the property? _____ (attach Memorandums or Declarations Pages)

Property Manager Contact Information

Name:	
Business Address:	
Phone:	
Email:	
Rules, Regulations, & Covenants provided to the Manager:	
Number of Key Fobs:	
Other:	

Hold Harmless Agreement: _____ (Attach a Notarized, updated Hold Harmless Agreement renewable each year)

Signature of Applicant/s: _____

For Board Use:

Application Approved: _____

Date of Approval: _____

Signature of WEOA President _____

Signature of WEOA Secretary _____