

LIVINGSTON LAKESSM
CONDOMINIUM ASSOCIATION

OWNER AUTHORIZATION
TENANT OCCUPIED UNITS

IS THE UNIT RENTED AT ANY TIME DURING THE YEAR, OR CURRENTLY RENTED?

YES _____ **NO** _____

(CHECK) SEASONALLY _____ **ANNUALLY** _____ **LEASE DATES** _____ **TO** _____

TENANTS ON LEASE: _____

OTHER OCCUPANTS: _____ **PETS:** _____

TENANT PHONE # _____ **TENANT EMAIL** _____

ADDITIONAL OCCUPANTS _____

I hereby authorize the approved tenant occupying my unit to collect key-fobs on my behalf - **INITIAL** _____

I understand that the tenant **MUST** provide a copy of a valid lease to collect the key-fobs. **INITIAL** _____

If you can't be reached, please provide an emergency contact. This contact would be used in the event of an emergency related to your unit, should we not be able to reach the unit owner after reasonable attempts have been made. An emergency consists of fire, flooding or catastrophic event.

EMERGENCY CONTACT: NAME/EMAIL/PHONE _____

I hereby provided consent to email communication(s) from the email related to all communication matters. This consent is extended to any third-party vendors that Livingston Lakes may utilize to perform duties on behalf of the Association. I understand that if my unit is rented that I must keep a current lease on file, with a lease not exceeding one year, subject to renewal application and Association approval to renew the lease.

Signature of Owner **Date**

Signature of Owner **Date**

Signature of Designated Agent **Date**
LLC or Corporate Owned Unit or Trust