

**EASTWOOD SHORES TOWNHOMES CONDOMINIUM ASSOCIATION, INC.**

C/O Ameri-tech Property Management  
1799 B N. Belcher Road  
Clearwater, FL 33765  
PHONE: (727) 726-8000 FAX: (727) 723-1101

**Request for Approval of New Owner/ Renter**

**Note: Only 2 pets allowed, not exceeding 20lbs. each at maturity**

**NEW RESIDENT:** This application should be completed at least 10 business days prior to new occupancy date and accompanied with a \$50.00 check payable to Eastwood Shores Townhomes. Incomplete forms cannot be processed and will be returned.

<b>CURRENT OWNER INFORMATION:</b> Address: _____ Unit # _____
<b>Name:</b> Last _____ First _____
<b>Name:</b> Last _____ First _____
Home Phone #: _____ Work # _____ Cell #: _____
I acknowledge that, as the current owner, it's my responsibility to provide the purchaser/ renter with the following: Initial when provided: _____ Current set of the Declaration of Condominium, Articles of Incorporation & By-Laws (Owner only) _____ Current copy of the Rules and Regulations (Renters should get this) _____ Maintenance Payment Coupon Book (Owner only) _____ Mail box key _____ Pool area key _____ I will provide this completed application to Ameri-Tech at least 10 business days before the sale closing date or lease date.

<b>NEW OWNER / RENTER INFORMATION:</b>
<b>Name:</b> Last _____ First _____
Phone: _____ Home _____ Business _____ Cell _____
<b>Name:</b> Last _____ First _____
Phone: _____ Home _____ Business _____ Cell _____
(Owner)Closing Date: _____ (Renter)Lease Term: _____
Personal References #1 Name/Phone(s): _____
#2 Name/Phone(s): _____
Renter(s) current resident: _____
Manager or owner contact information: _____
Phone: _____
<b>EMERGENCY CONTACT NAME:</b> _____
Does the Emergency contact have a key to your unit: Yes _____ No _____ Relationship _____
Phone #'s (Home/Biz/Cell): _____
<b>REALTOR / Rental Agent's Name</b> _____
Phone # _____ FAX _____