

# **WINDSOR WEST CONDOMINIUMS**

3706 Broadway  
Fort Myers Florida 33901  
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## **OCCUPANCY INFORMATION SHEET**

(PLEASE PRINT CLEARLY & COMPLETE ALL THE INFORMATION)

UNIT # \_\_\_\_\_ ADDRESS: \_\_\_\_\_

(Owner or Tenant)

### **OWNER(S) NAME:**

Telephone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

### **PREFERRED MAILING ADDRESS:**

\_\_\_\_\_ Number \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State/zip \_\_\_\_\_

### **TENANT(S) NAME:**

Telephone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Lease date: From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ Name of Additional occupant \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Name of Additional occupant \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Name of Additional occupant \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

### **Vehicle #1:**

Make/Model/color \_\_\_\_\_ LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_ SPOT# \_\_\_\_\_ STICKER# \_\_\_\_\_

### **Vehicle #2:**

Make/Model/color \_\_\_\_\_ LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_ SPOT# \_\_\_\_\_ STICKER# \_\_\_\_\_

*Fobs for Building/Gate entry are \$50 each with the first fob given to the owner at no cost. Please bring your payment along with this form to (Windor West). If a tenant or agent is purchasing fobs, they must bring proof of residency and personal identification (copy of lease or written approval from owner). No exceptions. Must be named on lease as tenant. Codes will be provided to regular vendors (newspaper delivery, etc.) any lost key fobs will be replaced at a charge of \$50.00 each (Paid by money order only).*

### **Purchase Gate Fob**

Last/First Name for Entry/Gate System	Tel # to allow Guest Access	FOB#
_____ (owner or tenant)	_____	_____
_____ (owner or tenant)	_____	_____
_____ (owner or tenant)	_____	_____

### **IN CASE OF A PROPERTY EMERGENCY NOTIFY:**

NAME \_\_\_\_\_ Relationship \_\_\_\_\_ PHONE: \_\_\_\_\_

Signature of owner or authorized agent: e-mail and phone communication authorization:

X \_\_\_\_\_ Date \_\_\_\_\_