

VALRI PARK

PROPERTY OWNERS ASSOCIATION, INC.

TENANT LEASE APPLICATION

General Information

Address of Leased Unit: _____	# Bedrooms _____	# Baths _____
Anticipated Move in Date: _____	Lease Term: _____	
Print Unit Owner Name: _____		
Unit Owner's Phone: (Home) _____	(Cell) _____	
Unit Owner's Email: _____		
Tenant has been provided and agrees to adhere to Association Documents and Rules: Yes _____		

Tenant Information

Tenant Full Name: _____		
Name on Lease (if different): _____		
Tenant's Phone: (Home) _____	(Cell) _____	
Tenant's Email: _____		
Number of Occupants: Total _____	Adults _____	Children (Names & Ages Detailed Below) _____

Unit Owner Signature (not agent)

Date

Please attach the \$50.00 fee with this application. The only two acceptable forms of payment are check or money order payable to Valri Park POA. Upon lease approval, the Association will require a copy of the executed lease.

**PLEASE RETURN THIS FORM IMMEDIATELY TO THE MANAGEMENT OFFICE
USING CONTACT INFORMATION BELOW**

McNeil Management Services, Inc.
P.O. Box 6235, Brandon, FL 33508-6004
Phone: (813) 571-7100 Fax: (813) 689-2747
Community Website: www.valripark.com
Email: management@mcneilmsi.com