

RENTAL/LEASE REQUEST

Property Owner Information

WindStone Property Address: _____
Lot #: _____
Leasing Company: _____
Owner Name: _____
Address: _____
Phone: _____
Work and/or Cell Phone: _____
Email address: _____

Lessee Information

Lessee Name: _____
Home Telephone: _____
Work and/or Cell Phone: _____
Email Address: _____
How many pets do you or other occupants own?: _____
Lease/Rental dates _____

I hereby certify that this information is correct. I understand that it is the responsibility of the property owner to pay the monthly dues, make sure the Covenants and Restrictions are abided by the tenants, and I have notified the tenants of the Covenants and Restrictions and have provided them with a copy of the Summary of the Covenant's and Restrictions.

Property Owner Signature

Date

***COMPLETE AND RETURN THIS FORM TO THE WRA BUSINESS MANAGER:
OFFICE@WINDSTONEHOA.ORG**