

TENANT ACCESS AUTHORIZATION

TENANT INFORMATION Name of all tenants to occupy unit : Tenant's home (or alternate) address :			
		E-Mail :	Phone Number :
		Lease Start Date :	Lease End Date :
RESIDENT INFORMA	ATION		
The owner(s) of a home in Pelican La Landing in accordance with all appli	anding hereby declare that I/we have leased my/our property in Pelican cable covenants.		
Owner's Name(s) :			
Leased Address :			
ls this the owner's only Pelican Land	ling address? : Yes No		
f no, what is the other address?	:		
Owner's alternative mailing address	; :		
E-Mail :			
Does the property management con neighborhood require approval prio			
Name of Management Company	:		
Leasing Agency Name	:		
Agent :	Phone Number :		

A \$100 processing fee, copy of the neighborhood approval, if applicable, and the fully executed lease must accompany this form before paperwork can be finalized. Any questions, please call the Pelican Landing office. All forms must be completed and returned to PLCA office two (2) weeks prior to the rental start date. *Please note: Pelican Landing BOD has adopted the Dual Use Rights Policy (100.14) which states your owner ID cards & barcodes will be turned off during the duration of your lease.