

9th FAIRWAY CONDOMINIUMS AT GREEN DOLPHIN PARK

NOTICE OF UN-OCCUPIED UNIT

UNIT #: _____

PERIOD OF ABSENCE: FROM: _____ TO: _____

RETURN DATE (If Known): _____

NAME: _____

OWNER: _____ RENTER: _____

EMAIL ADDRESS (If Available): _____

YOUR PHONE NUMBER WHILE AWAY FROM THE UNIT: _____

WHO SHOULD WE CONTACT IF YOU CANNOT BE REACHED:

NAME: _____

PHONE NUMBER: _____

NAME OF CURRENT INSURANCE COMPANY: _____

INSURANCE AGENTS NAME AND PHONE #:

PEOPLE AUTHORIZED TO ENTER YOUR UNIT FOR NON-EMERGENCIES IN
YOUR ABSENCE:

(i.e.: routine monitoring for water leaks/mold, pet care, house-sitter etc.)

NAMES: _____

MAIL, EMAIL, FAX THE FORM TO:
AMERI-TECH COMMUNITY MANAGEMENT
6415 1st AVENUE SOUTH
ST. PETERSBURG, FL 33707

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