

Sea Pines Unit Rental Notification*

Please print clearly

Unit: _____

Rental Start Date: ____/____/____

Rental End Date: ____/____/____

Unit Owner Name(s): _____

Tenant Name(s): _____

Tenant Home Address: _____

Tenant Telephone: _____

Tenant Vehicle Make and Model: _____

The tenants acknowledge that they have been provided with the Sea Pines Condominium Association Rules and Regulations and agree to comply with them.

Tenant printed name

Tenant printed name

Tenant signature

Tenant signature

Date: ____/____/____

Date: ____/____/____

Unit Owners understand and agree that it is their responsibility to ensure that the Tenants are aware of and follow the Rules and Regulations.

Unit Owner printed name

Unit Owner printed name

Unit Owner signature

Unit Owner signature

Date: ____/____/____

Date: ____/____/____

Please send this completed form to the Sea Pines Managing Agent either by US mail or email:

Mercantile Property Management Corp.
P.O. Box 790
Buzzards Bay, MA 02532

mpm@mercantileproperty.com

*This form must be filled out and returned to the Managing Agent *prior* to the start of the rental/lease period.