

Anchor Associates, Inc.

2340 Stanford Court Naples,
Florida 34112
(239) 649-6357, phone
(239) 649-7495, fax
admin@anchormanagers.com

Date Stamp

GUEST DISCLOSURE & REGISTRATION FORM

ASSOCIATION: _____

DATE: _____ **NAME OF OWNER:** _____

The following individuals will be guests at _____ (address) during our/my **ABSENCE**:

1. Approximate Dates of: ARRIVAL_____/_____/_____ DEPARTURE_____/_____/_____
2. Name of guest(s)_____ Spouse_____
3. Address_____
4. City_____ State_____ Zip_____
5. Relationship to Owner_____
6. Names of Occupants and age: _____

7. Vehicle Make_____ Model_____ Year_____
- State & Plate #_____ → See By-Law and Rules on Limitations and Restrictions
8. In case of emergency, notify:_____ Phone #:_____
9. I HERE BY CERTIFY THAT THIS OCCUPANCY IS NOT IN VIOLATION OF ANY ASSOCIATION RULES,
NOR AM I/WE COLLECTIONG ANY FORM OF RENT OR COMPENSATION IN FORM OF MONIES OR
BARTER.

VIOLATION OR NON-COMPLIANCE MAY RESULT IN A FINE TO THE OWNER.

**I, the owner of the above unit hereby affirm that no fee or other consideration is
connected with this occupancy.**

Owner Signature