

**Request for Approval of Property Rental**

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Street address and official unit number of the property:

\_\_\_\_\_

2. Unit Owner Name: \_\_\_\_\_

3. Mailing Address: *(if different from unit address)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (day) \_\_\_\_\_

Phone (eve) \_\_\_\_\_

e-mail address: \_\_\_\_\_

4. When is the projected lease date? \_\_\_\_\_.

Within 10 business days of the receipt of this form a certificate will be mailed approving or denying the request. If approved, an invoice for the annual rental fee will accompany the certificate.

**Required within 30 days of Lease Date:**

- Payment of \$350.00 Rental Fee *(a non-pro-rated annual fee based on calendar year)*
- Unit owner off-site mailing address and contact information
- Tenant names and contact information

Make check payable to "Washington Mews Condominium Association"