

# **RIDGE GROVES CONDOMINIUM ASSOCIATION**

13250 RIDGE ROAD

LARGO, FL 33778

## **APPROVAL OF LEASE**

***Note: A unit shall not be leased or rented without the prior written approval of the Association. No lease shall be for less than a 30-day period and no unit may be leased or rented more than two (2) times a year.***

Please return the completed application along with the following:

- 1) \$50.00 Application Fee payable to Ridge Groves;
- 2) \$50.00 Processing Fee payable to Ameri-Tech Community Management
- 3) Mail to: Ameri-Tech Community Management  
24701 US Hwy 19 North, Suite 102  
Clearwater, FL 33763
- 4) Move-In/Move-out Deposit Fee in the amount of \$250.00 *(a separate check)* payable to Ridge Groves needs to be provided to the Board at the time of the interview. This check will be returned after an inspection of common areas if no damage has been done.

INTERVIEW DATE: \_\_\_\_\_

NAME OF UNIT OWNER: \_\_\_\_\_ UNIT #: \_\_\_\_\_

NAME(S) OF APPLICANT(S): \_\_\_\_\_

**Is prospective tenant a service member as defined in s. 250.01, Florida Statutes?**

**Yes** \_\_\_\_

**No** \_\_\_\_

ADDRESS:

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CHILDREN: \_\_\_\_\_ AGES: \_\_\_\_\_

PET: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

LEASE TERM (DATES): From: \_\_\_\_\_ To: \_\_\_\_\_

I/WE RECEIVED A COPY OF THE RULES AND REGULATIONS: \_\_\_\_\_

\_\_\_\_\_  
UNIT OWNER/LESSOR

\_\_\_\_\_  
UNIT OWNER/LESSOR

\_\_\_\_\_  
APPLICANT/LESSEE

\_\_\_\_\_  
APPLICANT/LESSEE

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR TITLE DATE

\_\_\_\_\_  
DIRECTOR TITLE DATE

PLEASE RETURN THIS TO MANAGEMENT FOR OUR RECORDS.

**CRIME WATCH ROSTER- RIDGE GROVES CONDOMINIUM**

BLDG. \_\_\_\_\_

UNIT: \_\_\_\_\_ OCCUPANT NAMES: \_\_\_\_\_

\_\_\_\_\_

OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

OCCUPANT PHONE: \_\_\_\_\_ OWNER PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

By providing my email address, I hereby authorize the management company and Board of Directors to send me Association related business via email.

PETS \_\_\_\_\_ NAMES: \_\_\_\_\_

(ONLY TWO (2) ALLOWED AND UNDER 20 LBS.)

NO. OF CARS: \_\_\_\_\_ MAKE AND LICENSE NO.: \_\_\_\_\_

MAKE AND LICENSE NO.: \_\_\_\_\_

(No more than two (2) per unit- but only one (1) per licensed driver allowed)

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_

\*\*\*KEYS TO UNIT IN LOCK BOX AT OFFICE: \_\_\_\_\_

\*\*\*mandatory according to Rule #3 of RG Rules and Regulations

The Rules and Regulations of Ridge Groves Condominium Association have been read to me and I will abide by them. I have also received a copy of same \_\_\_\_\_  
\_\_\_\_\_(Date).

NOTES:

RIDGE GROVES CONDOMINIUM

PET REGISTRATION

Unit # \_\_\_\_\_ Bldg # \_\_\_\_\_

Owners Name: \_\_\_\_\_

I understand that as an owner within Ridge Groves Condominium, that I am permitted only two (2) pets and they must be under twenty (20) pounds.

Dog Name \_\_\_\_\_ BREED \_\_\_\_\_ Weight(at maturity) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Neutered/spayed \_\_\_\_\_ date rabies shot \_\_\_\_\_

Cat Name \_\_\_\_\_

Male \_\_\_\_\_ Neutered \_\_\_\_\_ Date Last rabies shot \_\_\_\_\_

Female \_\_\_\_\_ Spayed \_\_\_\_\_ Date last rabies shot \_\_\_\_\_

Attached is a copy of proof of vaccine from: \_\_\_\_\_  
(Veterinarian Name)

I have read the rules pertaining to pets and agree to abide by all Rules and Regulations as set forth in the Association Governing Documents and the Association Rules & Regulations.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

Attach dated photo(s) and proof of pet vaccinations