

MARINA TOWERS CONDOMINIUM ASSOCIATION

CERTIFICATION OF OCCUPANCY
OTHER THAN AS LESSEE

Unit Owner (s): _____

Unit No. _____

Please type or print legibly the following occupant information:

Person(s) Being Granted Occupancy * _____

Expected Termination Date of Occupancy _____

Permanent Residence _____
Address City, State, Zip

Employed By _____ Soc. Sec. No. _____

Business Address _____ Bus. Phone _____

Driver's License No. _____ State _____

Emergency Contact _____ Phone _____
Or Nearest Relative

_____ Address City, State, Zip

The undersigned acknowledge that approval for occupancy is authorized pursuant, and subject to the Marina Towers Condominium Association Rules and Regulations, a copy of which has been provided to us.

We further acknowledge the person(s) being granted occupancy are not lessees of the Unit Owner(s) and no payment of any kind is being made or required to the Owner(s) for use and occupancy. We understand the Unit Owner(s) may be subject to severe fines or penalties for violations of the Association's Leasing Rules and Regulations.

We have read the above certification and request the Association to permit occupancy.

Unit Owner

Date

Authorized Occupant

Date