

NOTE: This form can be used for more than one renter.

Unit owner(s) _____

Address of unit _____

1. Name of renter(s) _____

Address of renter(s) _____

Rental Dates _____

Emergency contact name(s) and telephone number(s) _____

2. Name of renter(s) _____

Address of renter(s) _____

Rental Dates _____

Emergency contact name(s) and telephone number(s) _____

3. Name of renter(s) _____

Address of renter(s) _____

Rental Dates _____

Emergency contact name(s) and telephone number(s) _____

GULF TO BAY COOPERATIVE, INC
RENTER/GUEST INFORMATION

MUST BE FILED IN THE OFFICE WITHIN 48 HOURS OF ARRIVAL. Note: A mail slot is available on the west side of the Office Building for your convenience if Office is closed.

Unit #: _____ Owner(s): _____

of People In Rental/Guest Party:

Adults: _____ Children: _____

Name(s) of People in Rental/Guest Party:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Telephone # of Primary Renter/Guest: _____

Length of Stay:

From: _____ To: _____

Make and Model of Car: _____

License Plate #: _____ State: _____