

CLEARWATER HARBOR SHORT-TERM RENTAL PROGRAM APPLICATION/ENROLLMENT FORM

Please submit this completed form along with all documents to the Association Manager.

Owner name:

Clearwater Harbor address:

Date:

Phone number:

Email address:

Who will be managing the Residence (Name, Address, Phone Number, Email Address)?

Attach proof of homeowner's insurance. YES NO

Attach proof of Management Company's commercial general liability insurance policy (not less than \$1,000,000) YES NO

Submit payment for yearly rental fee (\$1000). YES NO

FOR CLEARWATER HARBOR MANAGEMENT USE ONLY:

Is Owner in good standing: YES NO

Approved YES NO

Date Approved/Not Approved: _____

Comments: