

BAYTOWNE WEST HOMEOWNERS ASSOCIATION

1355 Wickford St.
Safety Harbor, FL 34695
(727) 799-5040

SALES / LEASE / RENTAL REGISTRATION FORM

This registration form must be completed and submitted to the address indicated above, with a \$50.00 processing fee at such time as any Baytowne West unit is sold, leased or rented. Maintaining an awareness of the owner and resident of each unit, in the Baytowne West Association, is a legal obligation governed by Baytowne West Homeowners Association documents.

In addition, the Baytowne West Homeowners Association endeavors to protect owner's and renter's safety, quality of living and unit value. As such, there are legal documents, which include rules and regulations that each resident must abide by. New Owners and/or Renters should be provided with the information necessary to be aware of the rules in place. Signatures and the processing of this document of file, is the HOA's record that the owner and any intended resident is aware of, and agrees to comply with, the rules and regulations as sanctioned by the Baytowne West Homeowners Association.

Please complete the appropriate sections of this Application Form and mail to the address listed above in a time frame that is consistent to alerting the HOA Board of Directors of activity in progress. **PLEASE PRINT LEGIBLY.**

SELLING OR BUYING A UNIT

Seller Information:

Name: _____ Phone Number: _____

Mailing Address: _____

City/State/Zip: _____

Baytowne West Unit Address: _____ Lot #: _____

Sale Closing Date: _____

Real Estate Broker Information:

Name: _____ Phone: _____

Address/City/State/Zip: _____

Buyer Information:

Name(s) on Deed: _____

Does owner intend to reside in _____, or rent _____ the Baytowne West unit (check one)?

If owner will live in the unit:

Names of Occupants (provide ages of children): _____

Pets (2 dogs or 2 cats or 1 of each allowed (provide qty/type of pet(s)): _____

Resident's Home Phone Number: _____ Cell Phone: _____

E-mail address: _____ Emergency Contact Phone: _____

Resident's Employer: _____ Work Phone: _____

Vehicles (two per unit allowed): 1. Make/Model: _____ State/Plate #: _____

2. Make/Model: _____ State/Plate #: _____

If owner intends to rent the unit, please complete the following information in the event the HOA must contact or copy owner re: unit information. (Also complete renter information on page 2)

Owners Mailing Address: _____

City/State/Zip: _____

E-mail address: _____ Phone Number(s): _____

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Buyer should receive the following from the Seller (please check to ensure all documents are provided):

- _____ Copies of all the documents noted on the Summary of Baytowne West Documents sheet.
- _____ Payment coupon book and mailing address for monthly maintenance fees.
- _____ Current copy of HOA Board of Directors and Association Rules and Regulations.
- _____ Pool gate key.
- _____ Be advised of name and phone number of Association Management.

At such time as the Owner contracts to rent/lease the Baytowne West unit, the **Renter Information** section below must be completed and the application with the \$50.00 processing fee must be mailed to address noted on previous page.

Please note: After the final closing, the Owner must provide the BTW HOA with a copy of the Warranty Deed and a Certificate of Home Owners Insurance. Copies should be forwarded in a timely manner (within 15 business days).

(print name of Owner)

(signature of Owner)

(print name of Owner)

(signature of Owner)

Reviewed by HOA – Signature: _____ Date: _____

Renter Information:

Name(s) on Rental Agreement: _____

Renter's BTW Address: _____

Names of Occupants (provide ages of children): _____

Pets (2 dogs or 2 cats or 1 of each allowed (provide qty/type of pet(s): _____

Resident's Home Phone Number: _____ Cell Phone: _____

E-mail address: _____ Emergency Contact Phone: _____

Resident's Employer: _____ Work Phone: _____

Vehicles (two per unit allowed): 1. Make/Model: _____ State/Plate #: _____

2. Make/Model: _____ State/Plate #: _____

Lease effective date: _____

Renters should receive the following from Owner (please check to ensure all documents are provided):

- _____ Copies of Association Rules and Regulations.
- _____ Pool gate key.
- _____ Be advised of name and phone number of Association Management.

(print name of Renter)

(signature of Renter)

(print name of Renter)

(signature of Renter)

Reviewed by HOA – Signature: _____ Date: _____