

**SHIPYARD CONDOMINIUM ASSOCIATION, INC.**

201 Front Street, Suite 103 Key West, Florida 33040  
305/296-0556 305/293-0251 facsimile [www.tampo.com](http://www.tampo.com)

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**UNIT USE NOTIFICATION**

**Occupancy by Lease**      or       **Gratuitous Guest**

Property Address \_\_\_\_\_

Property Owner \_\_\_\_\_

Leasing Agency/Agent: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency (24 Hour) Phone: \_\_\_\_\_

(required for all rentals)

Guest(s) named on lease \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Number of occupants (including names listed above) \_\_\_\_\_

Note: All Properties located within the Truman Annex are limited to a maximum occupancy, number of persons, per the governing documents; "persons" includes adults, children and infants.

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Guest(s) are authorized to use Unit Parking Space  YES  NO

Vehicle: make \_\_\_\_\_, model \_\_\_\_\_, and license number \_\_\_\_\_.

I attest that the Rules and Regulations of the Association have been provided and explained to the guest(s) and that the guest(s) have agreed to abide by these Rules and Regulations.

\_\_\_\_\_  
Signature of Unit Owner or Agent

\_\_\_\_\_  
Signature of Guest