

OCEAN GALLERY GUEST REGISTRATION FORM

(Must be Submitted to Management Office ONE WEEK PRIOR to Arrival of Guest)

MAILING ADDRESS

Ocean Gallery
4600 A1A South
St. Augustine, FL 32080

Telephone: 904-471-6655

Email: ogguestpass@gmail.com

Fax: 904-471-5994

OWNER INFORMATION

Unit #: _____ Phone # in Unit: _____ Submission Date: _____

Name: _____ Email: _____

Address: _____

Daytime Phone: _____ Cellphone: _____ Alternate Phone: _____

GUEST INFORMATION PLEASE CHECK ONE: RENTER VISITOR – NON RENTER

Arrival Date: _____ Departure Date: _____

Name of Guest(s) _____ Email: _____

Address: _____

Phone: _____ Cellphone: _____

Vehicle Information: If rental, please indicate "RENTAL" (must be provided within 24 hours after arrival)

Make: _____ Color: _____ Year: _____ State: _____

Make: _____ Color: _____ Year: _____ State: _____

Please acknowledge :

◊ Total number of Occupants in unit _____

◊ RECEIPT AND ACKNOWLEDGEMENT OF OGPOA RULES

I affirm by my signature below that I have received the one page abbreviated Rules & Regulations governing Ocean Gallery and policy. I have reviewed the Rules and hereby agree on behalf of all persons using the premises under my permission, to abide by these rules and the requests and direction of Board representatives under penalty of eviction for failure to comply with the Rules, Staff or Board. A complete set of OGPOA Rules are available in the Office.

Signature: _____ Date: _____

Signature on form is **mandatory** prior to PASS approval received via Faxed or scanned & emailed.

Management Approval & Pass Date Issued: _____

Lease Approval Fee Date Received: _____