

ST. ANDREWS ESTATES RENTAL NOTIFICATION FORM

(PLEASE PRINT)

Address of home: _____

Name of Owners: _____

Permanent Mailing Address: _____

Email Address: _____

Phone: _____

Rental Information:

Occupants Names: _____

Dates of Birth: _____

Phone Number(s): _____

Email Address: _____

Lease Start Date: _____ Lease End Date: _____

Duration of Lease: _____

Please send document to:

SAEHOA. P.O. Box 5283 Sun City Center, FL 33571

Note: Per SAEHOA Covenants (Section 12, D:2), No dwelling may be leased or rented more than twice in any 365-day period with a minimum lease time of three (3) months.

