

45 Ocean Condominium Association, Inc.

GUEST REGISTRATION & AFFIDAVIT

DATE:

NAME:

#of Guests:

MAXIMUM STAY 21 DAYS

ARRIVAL DATE:

DEPARTURE DATE:

LOCAL / CELL CONTACT TELEPHONE #

VEHICLE:

MAKE

COLOR

Parking Decal must be obtained from Security Office and displayed in vehicle at all times.

We are visiting Unit # _____ of the _____ building for _____ days,
and we agree to abide by all the Rules of the Condominium for guests.

We acknowledge being given a copy of the "Ambassadors South – Important Rules
We Live By" and have read them.

We also acknowledge that we are guests of _____ and we
ARE NOT paying any fees or charges of any kind to stay in the Unit mentioned
above.

Visitor Signature

Witness

___ True and Accurate Copy of Drivers License is Attached.