

45 OCEAN CONDOMINIUM
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 "45 Ocean Condominium – 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.