

Pine Trace Property Owners Association, Inc.

C/O Watson Association Management, LLC.

1648 SE Port St. Lucie Blvd.

Port St. Lucie, FL 34952

772-871-0004-Office ****772-871-0005-Fax

TENANT INFORMATION SHEET

ATTACH A COPY OF THE SIGNED LEASE AGREEMENT

PROPERTY ADDRESS: _____

TENANT NAME(S): _____

Lease start date: _____ Lease end date: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

EMAIL AUTHORIZATION

New Florida Statutes state it is against the law to send mass emails without their written consent. By completing, signing, and returning this form, you are authorizing the Board of Directors of the Pine Trace POA and Watson Association Management to send you information of the association meetings; reports on actions taken by the Board at those meetings, violations, updates and/or special information. Your email address will **not** be used for any other purpose than those listed in the previous sentence.

Yes

☐

I authorize Pine Trace POA and Watson Association Management to email me appropriate meeting notices, agendas, reports, violation letters and other information.

No

☐

I do not want to receive emails from Pine Trace POA and Watson Association Management.

I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF PINE TRACE PROPERTY OWNERS ASSOCIATION, INC. A COPY OF WHICH I HAVE RECEIVED FROM LESSOR.

Signature(s): _____

Printed Name(s): _____

Signature(s): _____

Printed Name(s): _____



VEHICLE INFORMATION

Name: _____ Phone: _____

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

DESCRIPTION OF VEHICLE(S):

VEHICLE #1:

Make: _____ Model: _____ Year: _____

Color: _____ Gross Weight: _____ VIN: _____

Vehicle Tag: _____ State: _____

Registered to: _____

Street Address: _____

City: _____ State: _____ Zip: _____

VEHICLE #2:

Make: _____ Model: _____ Year: _____

Color: _____ Gross Weight: _____ VIN: _____

Vehicle Tag: _____ State: _____

Registered to: _____

Street Address: _____

City: _____ State: _____ Zip: _____

IF MORE THAN 2 VEHICLES – USE ADDITIONAL FORM

PLEASE NOTE:

- ☐ ALL INFORMATION ON THIS FORM MUST BE COMPLETED
- ☐ ANY CHANGES IN USE OR APPEARANCE OF THE ABOVE DESCRIBED VEHICLE (S) MUST BE SUBMITTED TO THE BOARD OF DIRECTORS WITH A NEW FORM

Signature: _____ Date: _____

Signature: _____ Date: _____

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952
1410 Palm Coast Parkway NW, Palm Coast, FL 32137

Phone 772.871.0004 Fax 772.871.0005
Phone 386.246.9270 Fax 386.246.9271



PLEASE ADVISE US OF ANY ANIMALS TO BE RESIDING IN THE HOME

- No pets shall be kept, bred, or maintained for any commercial purpose.
- No exotic pets are allowed.
- Dogs which are household pets shall always whenever they are outside a unit be confined on a leash held by a responsible person.
- An owner shall immediately pick up and remove any solid animal waste deposited by his pet on the properties, including the common areas and the exclusive neighborhood common area. THIS IS THE LAW

Pet? Yes _____ No _____

Pet Type: _____ Weight: _____ Age: _____ Color: _____ Sex: _____
Name: _____

Pet Type: _____ Weight: _____ Age: _____ Color: _____ Sex: _____
Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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