

LAKES OF JACARANDA CONDOMINIUM ASSOCIATION

10789 Cleary Blvd

Plantation, FL 33324

954-372-7992

info@lakesofjacaranda.com

www.lakesofjacaranda.com

Lease Renewal Checklist

- 1. Contact information form
- 2. Updated photos of all people living in unit over 18
- 3. Car information form
- 4. Copy of car registration
- 5. Copy of lease
- 6. Pet registration form
- 7. Copy of pet vaccines
- 8. Pet photo
- 9. Owner/Landlord proof of liability insurance

Office Use Only

- 1. Key on file
- 2. Unit has no pending violation or fines
- 3. Number of violations unit had in the past 12 months _____
- 4. Unit ledger does not have outstanding balance

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Contact Information

Name of everyone living in unit _____

Address _____

Email _____

Phone _____

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Car Information Sheet – Please attach car registration

Unit address: _____

Resident Name: _____

Name on Car Registration: _____

Make of Car: _____

Model of Car: _____

Color of Car: _____

License Plate Number: _____

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Decal: _____

Carport: Yes or No

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Pet Registration

*Only one dog and/or one cat allowed per unit. No weight limit for dogs. No Pit Bulls or mixed Pit Bull breeds allowed.

*The Lakes of Jacaranda Condominium Association agrees to permit you to keep the pet that is described below.

*Nonrefundable annual dog fee of \$300.00 due upon move in/lease renewal (\$150.00 if paid in advance before move in/ lease renewal). No fee for cats.

1. Type of Pet: _____

2. Breed: _____

3. Age: _____

4. Color Description: _____

5. Please attach up to date vaccination records.

6. Please attach a photo of your pet.

7. I understand that if I have a dog that I failed to register in this screening application, this will be considered as forfeiting this application. The screening approval can be canceled and my lease will may be terminated. I also understand in the future if I decide to bring a dog, the dog must be registered with the condominium immediately. Owners/Residents that do not register their dog shall receive violations, expensive fines, and the possibility of eviction.

Unit Address: _____ Resident Name: _____

Signature: _____ Date: _____