

Sea Air Towers Condominium Association, Inc.

3725 South Ocean Drive, Hollywood, Florida 33019

TEL. (954) 455-3893

www.seaairtowers.org

Dear prospective owner of Unit#:

Sea Air Towers and its Management Staff welcome you to our community.

Please note the Condominium Management Office at 954 – 455 – 3893 will call you to arrange an appointment for your interview Monday – Friday 9 am – 5 pm. **(Interview will be scheduled at least one week prior to your closing date so approval may be ready for closing.) Closings should not take place without an Approval Certificate.**

We are providing you a copy of the Rules and Regulations and the Amendments to those rules, **please read them carefully before you make a commitment to move into our community. Keep them with your property records for future reference.**

Your **completed application** along with the following must be in the Condominium Management Office **20 days prior, minimum**, to your closing date:

- 1. Legible copy of contract**
- 2. Copy of Driver License**
- 3. A check for \$50.00 (processing fee, per person or married couple)**

The screening fee for foreign nationals will be advised when the completed application form is handed in. This may increase your processing fee. Allow 7-15 business days screening time.

After your approval, please contact the Secretary at 954 – 455 – 3893 to schedule your move-in date. There is a refundable fee of \$500.00 for unforeseen damages to our elevators and common areas.

After closing, to facilitate your access to your unit we must update our records with your names. We will do this only when we receive a copy of the Warranty Deed and Closing Statement (HUD) showing the names of the new owners. **If you are already an owner, the same procedure applies.**

Thank you,
Sea Air Towers Management

Sea Air Towers Condominium Association, Inc.

3725 South Ocean Drive, Hollywood, Florida 33019

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Sales Package Checklist

Unit# _____

Contract Closing Date: _____

<u>Item</u>	<u>Check ✓</u>	<u>Provided or Completed by</u>
1. Legible Copy of Sales Contract	_____	Applicant
2. A \$50.00 check for Processing Fee	_____	Applicant
- Per person or married couple		
3. Driver's License/Passport	_____	Applicant
- From <u>all adult</u> residents		
4. Request for Board's Approval	_____	Applicant
5. Authorization to Release Information	_____	Association
- For Each Adult Applicant		
6. Acknowledgment of Smoking Policy	_____	Applicant
7. Acknowledgement of Leasing Policy	_____	Applicant
8. Acknowledgment of Rules and Regulations	_____	Applicant
9. Voting Certificate and Signature Verification	_____	Applicant
10. Electronic Voting Consent Form	_____	Applicant
11. Permission to Receive Packages	_____	Applicant
12. Permission to Exterminate	_____	Applicant
13. Pet registration and vaccination records (If applicable)	_____	Applicant
- (Pet fee \$150 / per pet - Non-refundable)		
14. ACH Authorization	_____	Applicant
15. Estoppel, Questionnaire and Sufficient Funds Affidavit		
Request Procedure	_____	Applicant
16. Water Leak & Access to Unit Verification Form	_____	Association
17. Moving Schedule	_____	Applicant
18. \$500.00 Common Areas Protection Fee (Paid once)	_____	Applicant

- Request additional forms if needed

An interview will be scheduled after all the information and forms listed above have completed and turned into the management office.

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Request For Board's Approval Application For Purchase

Complete all questions. If any question is not answered or left blank this application may be returned, not processed and/or not approved. Print legibly. Missing information will cause delays. All information will be verified.

Unit No. _____ Name of Owner _____ Date _____

Applicant Information

Last Name: _____ First Name: _____ Middle Name: _____

Social Security No: _____ Date of Birth: ____/____/____

Driver License No: _____ State Issued: _____

Passport #: _____ Country: _____

Home Phone: _____ Work Phone: _____

Cell #: _____ E-mail Address: _____

Current Residence

Address: _____

City: _____ State/Zip: _____ Country: _____

How long at this address? _____ Own _____ Rent _____

Landlord Name: _____ Phone#: _____

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Employment History

Applicant Employer Name: _____ How Long: _____

Address: _____ City: _____ State/Zip: _____

Occupation / Position: _____ Supervisor Name: _____

Telephone #: _____ Salary including commissions: \$ _____

Applicant Previous Employer Name: _____ How Long: _____

Address: _____ City: _____ State/Zip: _____

Occupation / Position: _____ Supervisor Name: _____

Telephone #: _____ Salary including commissions: \$ _____

Financial History

Savings Account #: _____ Checking Account #: _____

Bank Name: _____ Address: _____

City: _____ State/Zip: _____

Phone #: _____ Contact Name: _____

Have you ever filed for bankruptcy? _____ If so, when: _____

Have you ever been evicted from any tenancy? _____ If so, please explain: _____

Pets

Do you have pets? _____ If yes, please describe your pet: _____

Pet's Name: _____ Age: _____ Sex: _____ Weight: _____

Breed: _____ Spayed / Neutered? _____

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Personal References (No Family Members)

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

Vehicle/Motorcycle Information

Vehicle Make: _____ Model: _____ Color: _____

Year: _____ License Plate #: _____ State: _____ Insured By: _____

In Case of Emergency

Name: _____ Phone #: _____

Address: _____ City: _____ State/Zip: _____

Convictions

Have you ever been arrested or convicted of any crime? Include: misdemeanors, DUI, etc.; or is any criminal charge now pending? Yes _____ No _____

If yes: City: _____ State: _____ Date: _____

Please Explain: _____

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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, _____ herein referred to as *Association* and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, credit history, through a consumer credit report, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the *Association* may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the *Association* to furnish the above-mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax, or photocopy form.

I authorize the ongoing procurement of the above-mentioned information / reports by the *Association* at any times during my occupancy with the *Association*.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address, and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the *Association* based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the *Association* a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

.....

Applicant Information

Print Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Driver License Number: _____ Driver's License State: _____

IMPORTANT: The following information will be used by RealID Inc. for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) _____

Race/ National Origin: _____ Gender: Male Female Date of Birth: _____

Signature: _____ Date: _____

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Unit No. _____ Name of Owner _____ Date _____

Applicant Information

Last Name: _____ First Name: _____ Middle Name: _____

Social Security No: _____ Date of Birth: ____/____/____

Driver License No: _____ State Issued: _____

Passport #: _____ Country: _____

Home Phone: _____ Work Phone: _____

Cell #: _____ E-mail Address: _____

Current Residence

Address: _____

City: _____ State/Zip: _____ Country: _____

How long at this address? _____ Own _____ Rent _____

Landlord Name: _____ Phone#: _____

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Address: _____ City: _____ State/Zip: _____

Occupation / Position: _____ Supervisor Name: _____

Telephone #: _____ Salary including commissions: \$ _____

Applicant Previous Employer Name: _____ How Long: _____

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Savings Account #: _____ Checking Account #: _____

Bank Name: _____ Address: _____

City: _____ State/Zip: _____

Phone #: _____ Contact Name: _____

Have you ever filed for bankruptcy? _____ If so, when: _____

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Do you have pets? _____ If yes, please describe your pet: _____

Pet's Name: _____ Age: _____ Sex: _____ Weight: _____

Breed: _____ Spayed / Neutered? _____

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Personal References (No Family Members)

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

Vehicle/Motorcycle Information

Vehicle Make: _____ Model: _____ Color: _____

Year: _____ License Plate #: _____ State: _____ Insured By: _____

In Case of Emergency

Name: _____ Phone #: _____

Address: _____ City: _____ State/Zip: _____

Convictions

Have you ever been arrested or convicted of any crime? Include: misdemeanors, DUI, etc; or is any criminal charge now pending? Yes _____ No _____

If yes: City: _____ State: _____ Date: _____

Please Explain: _____

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I authorize the *Association* may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the *Association* to furnish the above-mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax, or photocopy form.

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A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address, and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the *Association* based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the *Association* a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

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Applicant Information

Print Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Driver License Number: _____ Driver's License State: _____

IMPORTANT: The following information will be used by RealID Inc. for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) _____

Race/ National Origin: _____ Gender: Male Female Date of Birth: _____

Signature: _____ Date: _____

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Please list names of all persons who shall occupy the unit other than the purchaser(s) listed above:

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

Is anyone in your household disabled and would need assistance in case of an emergency?

() Yes () No If yes, please list name and condition of health:

For all applicants: Have you ever been convicted of a misdemeanor/felony crime?

If yes, explain: _____

Will this be your primary residence? Yes _____ No _____

Will this be a second home? Yes _____ No _____

Is this an investment property which will be leased? Yes _____ No _____

If so, keep in mind that all leases must be approved by the Association. A copy of the contract is required by the Association. Units may not be leased more than once in any given month (minimum leasing time, one month).

Do you own any other units in this Condominium? Yes _____ No _____

If yes, please state unit numbers

STORAGE INFORMATION (See Contract)

Is a storage space included in the sale? No _____ Yes _____

If yes please include Storage # _____ Floor # _____ in contract.

PET INFORMATION: The only pets allowed are cats, dogs, birds, and tropical fish(s) below:

NOTE: A copy of pet license and vaccination records must be included. Pets must not exceed 25 pounds in total weight and must be carried in the service elevator and all common areas. All pets require a registration form to be filled out along with a picture of pet.

Pet Name _____ Breed _____ Weight _____ lbs

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Pet Name _____ Breed _____ Weight _____ lbs

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Acknowledgment of Smoking Policy

Pursuant to Article 5.1 (d) of the association's bylaws, the Board of Directors of Sea Air Towers Condominium has the authority to adopt and amend rules and regulations concerning the details of the operation and use of the Condominium and Association Property.

Pursuant to Article 5.1(a) of the association's bylaws, the Board of Directors has the authority to operate and maintain all common elements and the association property.

Whereas, the Board of Directors has determined that cigarette or cigar smoking in any residential unit can cause harmful and adverse effects to the common elements and association property, no smoking is allowed in the Common or limited Common Areas of the Building.

Whereas, in an effort to prevent harmful and adverse effects to the common elements and association property, the Board has adopted a rule which mandates that prior to a unit owner or renter in possession allowing smoking to occur in a unit, the unit owner and renter shall install at least the following:

- 1. Weather stripping all 3 doors facing the hallway**
- 2. Purchase and use electronic air purifiers**

Whereas, the unit owner and/or renter named below acknowledges their responsibility to comply with the aforementioned rule and that failure to comply with same can and will result in the association pursuing any and all available legal remedies.

Signature

Date

Sea Air Towers Condominium Association, Inc.

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Acknowledgment of Leasing Policy

The option to lease their unit is available to all owners provided they adhere to the policies set forth in the Rules and Regulations of the building regarding leasing.

UNIT LEASE

- **The minimum term of rental shall be thirty (30) days. Any owner leasing for less than thirty (30) days will violate the association Rules facing the consequences described in the Enforcement section 13.1.**
- Seasonal lease is less than twelve (12) months. Long-term lease is twelve (12) months or more.
- Owner must register seasonal rentals electronically directly via Buildinglink Front Desk Instructions any time BEFORE the tenant's arrival or submit to the Management Office at least 3 days before arrival.
- For the safety and Security of the building, a record of ALL OCCUPANTS must be maintained at all times.
- Parking will be transferred over from the Owner, whether garage, valet, or self-park, to the tenant.
- **Owners are responsible for providing FOB and Parking permits for renters.**
- Unit owners leasing their units long-term must provide the management office with a copy of the lease. The prospective renters must complete the Occupant Information form at least 7 days before arrival and undergo the background check, which will remain on file in the management office.
- Access cards, FOBs, or parking permits are for the use of unit owners and registered residents only.
- Tenant(s) must register their vehicle, motorcycle, or scooter, even if it is a rental car with the Management Office or Valet.
- Lessee shall not sublet or assign the lease to anyone at any time.

Please review the rules and regulations for a complete list of policies for leasing your unit.

Whereas, the unit owner and/or renter named below acknowledges their responsibility to comply with the aforementioned rule and that failure to comply with same can and will result in the association pursuing any and all available legal remedies.

Signature

Date

Sea Air Towers Condominium Association, Inc.

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Please sign below if you received a copy of the *Sea Air Towers Rules and Regulations* in this packet:

Print name

Signature

Sea Air Towers Condominium Association, Inc.

3725 South Ocean Drive, Hollywood, Florida 33019

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SEA AIR TOWERS CONDOMINIUM ASSOCIATION INC.

VOTING CERTIFICATE

To the Secretary of
Sea Air Towers Condominium Association, Inc.
(The "Association")

THIS IS TO CERTIFY that the undersigned, consisting of all of the record unit owners of the Unit No. ____ have designated:

(Name of Voting Representative)

as their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration of Condominium of the Condominium and the Articles and By-Laws of the Association.

The following examples illustrate the proper use of this Certificate:

- (I) Unit owned by John Doe and his brother, Jim Doe. Voting Certificate required designating either John or Jim as the Voting Representative (NOT A THIRD PERSON)
- (II) Unit owned by Overseas, Inc., a corporation. Voting Certificate must be filed designating person entitled to vote, signed by President or Vice President of Corporation and attested by Secretary or Assistant Secretary of Corporation.
- (III) Unit owned by John Jones. No voting certificate required but requested for signature verification.

This certificate is made pursuant to the Declaration of Condominium and the By-Laws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

DATED the _____ day of _____, 20_____

CONDOMINIUM OWNER

CONDOMINIUM OWNER

CONDOMINIUM OWNER

NOTE: This form is not a proxy and should not be used as such. Please be sure to designate one of the joint owners of the unit as the Voting Representative, not a third person.

In the event the Voting Representative will not attend the meeting, please return both the completed Voting Certificate and the Proxy form.

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CONSENT TO ELECTRONIC VOTING AND/OR CONSENT TO RECEIVE ELECTRONIC NOTICE OF MEETINGS

The undersigned, being all the owners, or an eligible voter, for Unit No. / Address _____ pursuant to Florida Statutes, hereby consent(s) in writing to:

(Please place a check mark or x in the box or boxes below for which you are giving consent. You may consent to electronic voting, receiving electronic notice or both)

- I. **ELECTRONIC VOTING:** By signing this consent form (or consenting to electronic voting by email sent to the association), I/we consent to voting electronically at meeting and elections for **Sea Air Towers Condominium Association** to the fullest extent permitted by law, pursuant to the provisions of the Board's Resolution authorizing electronic voting ("Resolution"), and release and waive any claim against the Association pertaining to such voting, including but not limited to the transmission or placement of "viruses", "malware", "spyware", "cookies", and the like and any claim or challenge such voting, including but not limited to situations where a Unit Owner vote was not received or counted by the association due to no fault of the Board of Directors or management.

I/We designate the following email address for the electronic voting purposes, which email address and the other information (including personal identifying information) may be reasonably necessary to enable the use of electronic voting processes:

(PRINT EMAIL NEATLY) _____

The undersigned understands and agrees that in order to be valid, this consent form must be signed and on file with the Association no later than 72 hours prior to the meeting or election in which the Unit Owner wishes to vote by electronic means, and that all electronic votes shall be cast at least 48 hours in advance of said meeting at which time the ability to vote electronically shall be deemed closed for that meeting or election.

I/We further understand and agree that, in order to use a different email address for casting votes electronically, I/we must notify the Association in writing of the change of email address no later than 72 hours prior to the meeting or election in which the Unit Owner wishes to vote by electronic means. If I/we do not provide timely written notice of this change of email address as provided herein, I/we further understand and agree that I/we may not be able to vote electronically until the next membership meeting and/or election.

- II. **ELECTRONIC NOTICE:** I/we consent to receiving notice by electronic transmission for meetings of the Board of Directors, Committees, and Annual and Special Meetings of the Member of **Sea Air Towers Condominium Association**. I/We designate the following email address for electronic voting purposes:

(You may write "same as above" or provide a different email address for electronic notice purpose)

The undersigned understand that mailed/paper notice may not be provided to the Unit Owners unless the Unit Owners have rescinded their consent to receive electronic notice of meetings. **Please be aware that if you consent to receive electronic notice of meetings, you email address designated for that purpose will be an official record of the Association.**

All Owners of the Unit or Eligible Voter Please Print Name, Affix Date and Sign Below:

By: _____

By: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Cell Phone#: _____

Cell Phone#: _____

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Signature Verification

Unit# _____

Date _____

Applicant(s) Name(s) _____

Applicant(s) is: Owner _____ Resident _____ Tenant _____

Each applicant should sign his/her name below for signature verification. Please space signatures apart so that they do not touch each other. Your signatures will be used to verify signatures on important documents.

Verificacion de Firma

Unidad# _____

Fecha _____

Nombre de solicitante(s) _____

El Solicitante es: Propietario _____ Residente _____ Inquilino _____

Cada solicitante(s) debe firmar esto documento. Favor de espaciar cada firma de manera que no se toquen. Estas firmas serán usadas para verificación de firma en documentos importantes.

(Sign below)

(Firme abajo)

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Permission to Receive Packages

Unit # _____

I, _____ hereby request that Sea Air Towers Condominium accept delivery of any packages for me, that may be delivered to the building. I accept full responsibility for these deliveries. Sea Air Towers and/or its employees are not responsible for any damaged or lost package.

Owners Signature

Date

Unidad # _____

Yo, _____ solicito que el personal de Sea Air Towers Condominium acepte cualquier paquete que llegue para mi a esta dirección. Yo acepto toda responsabilidad por estas entregas y no hare responsable a Sea Air Towers Condominium ni a sus empleados, por perdida o daños de los mismos.

Firma del Propietario

Fecha

Sea Air Towers Condominium Association, Inc.

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Authorization for Pest Control Services

Name / Nombre: _____

Unit /Unidad #: _____

As Owner _____

Resident _____

_____ I authorize entry

_____ I do not authorize entry

Into this unit for the purpose of pest control services

Como propietario _____

Residente _____

Inquilino _____

_____ Yo autorizo la entrada a esta unidad

_____ Yo no autorizo la entrada a esta unidad

Con el propósito de ser exterminada contra insectos

Signature / Firma del Propietario

Date / Fecha

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Pet Registration

Please complete this form in its entirety and submit along with supporting documents required. One form per pet. Maximum of three pets allowed in any unit.

Unit: _____

Owner

Lessee

Resident: _____

Name of Pet: _____

Breed: _____

Color: _____

Female

Male

Weight at Maturity: _____

Age: _____

License Tag Number: _____

- ✓ Please attach all immunization documents, valid health certificate or veterinarian statement indicating that pet(s) is fully vaccinated *Including rabies
- ✓ Photo of your pet(s)
- ✓ Required pet fee \$150 non – refundable
 - (Checks, Money Orders, or Cashiers Checks only / Payable to Sea Air Towers)

In consideration of being permitted to continue to maintain the pet(s) registered above, the undersigned specifically agreed to the following terms and conditions:

1. No exotic animals may be harbored at Sea Air Towers Condominium
2. Total weight of all pets shall not exceed 25 pounds
3. Pets must be leashed at all times in all common areas
4. Pet(s) are to be carried or in a stroller through the hallways and other common areas
5. Residents carrying pets are required to use the service elevator
6. Pet(s) are not permitted in the lobby or on the pool deck
7. Pet owners are required to clean up after their pet

Signature

Date

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ACH Authorization Form

I hereby authorize Sea Air Towers Condominium Association, Inc. to charge the following

Association Name: Sea Air Towers Condominium Association Inc.,

Property Address: 3725 S Ocean Drive #

Hollywood, FL 33019

Name on Deed: _____

Bank Name (US Bank Only): _____

Name on Bank Account: _____

Routing / ABA#: _____

Account #: _____

Email: _____

Phone Number: _____

I have included a blank voided check and hereby authorize my financial institution to debit my account in the name of my condominium association. I understand the debit will appear in my bank statement between the 5th and the 10th day of each month. I understand this auto debit will continue until I notify my association in writing 30 days prior to cancelling or changing the bank account used for the auto debit. I also give the association authority to change the auto debit, as maintenance fees are changed by the Board of Directors, in future years.

Start Month & Year: _____

Maintenance Amount: \$ _____

Return this form by the 20th of the month prior to the start month.

Print Name

Signature

Please email it back to assistant@seaairtowers.org once completed or drop off at the Management Office.

PLEASE ATTACH A BLANK VOIDED CHECK TO THIS FORM

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Estoppel, Questionnaire, and Sufficient Fund Affidavit Requests

Please forward all questionnaire, estoppel, and sufficient fund affidavit requests to:

Secretary@seaair.org

Non-urgent: up to 10 days

Estoppel: \$250

Questionnaire: \$250

Urgent: up to 3 business days

Estoppel: \$350

Questionnaire: \$350

Sufficient Funds Affidavit Prepared by Attorney: \$150

Payment must be made via check or money order to: Sea Air Towers Condo Association. Please include the unit number and requested item in the memo.

The check can be sent to:

**Sea Air Towers Management Office
c/o Assistant Property Manager
3725 S Ocean Drive
Hollywood, FL 33019**

Sea Air Towers Condominium Association, Inc.

3725 South Ocean Drive, Hollywood, Florida 33019

TEL. (954) 455-3893

www.seaairtowers.org

Water Leak & Access to the Unit Verification Form

Unit #: _____ Maintenance Supervisor: _____ Date: _____

Name and Phone # of Property Manager for the unit: _____

Obligatory Emergency/Pest Control Keys (2) in Office: _____ A/C Key: _____ A/C Condition: _____

Water Heater Condition: _____ Water Leak Detector: _____ Battery: _____

Master Bath Inspection:

Toilet: _____ Deficiency: _____

Shower/Bathtub: _____ Deficiency: _____

Sink Plumbing: _____ Deficiency: _____

Second Bath Inspection

Toilet: _____ Deficiency: _____

Shower/Bathtub: _____ Deficiency: _____

Sink Plumbing: _____ Deficiency: _____

Kitchen (Sink):

Plumbing: _____ Deficiency: _____

Dishwasher: _____ Deficiency: _____

Refrigerator (Water Line): _____ Deficiency: _____

Laundry (Washer /Dryer): _____ Deficiency: _____

Legal: Yes: _____ No: _____

AC Closet

Tankless Water Heater: Yes: _____ No: _____

Electrical Box: Compliant: Yes: _____ No: _____

Unit Owner or Assigned Representative Printed Name & Signature

Owner Authorization to do inspection Printed Name & Signature

