

**BRIARWOOD****Briarwood POA, Inc.**

Application for Approval to Lease

Date Stamp

Street Address _____ Unit # _____ Lease ____ / ____ / ____ to ____ / ____ / ____

Owner Name McLE / Keith McCullen Phone 239 - 269 - 2824**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION****Applicant information**

Last Name		First		Middle
Home Address			Apartment/Unit #	
City		State	ZIP	
Phone #	Cell #		Other Phone #	
Email Address				
Emergency Contact		Emergency Contact Phone #		

OCCUPANTS - Please list the name, relationship and date of birth of all occupants not listed above who will be living in this unit.

Full Name	Relationship	Date of Birth
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-

Note: All rentals of 6 months or less must pay a 4% Tourist Tax to Collier County. In Addition, a 6% Sales Tax must be paid to the Florida Department of Revenue. There is a minimum of 7 days on all leases and a maximum of 12 months. All renewals need to be submitted and approved 20 days prior to the expiration of current lease.

DISCLAIMER AND SIGNATURE

In order to facilitate consider of this application, I/we, the applicant (s), represent that the above information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval.

I/we have received, read and understand the Rules and Regulations of Briarwood POA and will comply.

Signature	Date
Signature	Date

Return this request to:

Briarwood POA, Inc.
c/o Anchor Associates, Inc.
3940 Radio Road, Suite 112
Naples, Florida 34104
(239) 649-6357 phone
(239) 649-7495 fax
applications@anchormanagers.com

**BRIARWOOD****APPLICATION APPROVAL**

____ Approved Date: _____
____ Disapproved By: _____