



Town of Surfside

MONTH TO MONTH RENTERS TEMPORARY COMMUNITY CENTER ACCESS FORM

Please Print

Renter's Name: _____

Owner's Name: _____

Property Address: _____

Renter's Phone Number: (____) _____ - _____

Lease Month to Month: Please Check Box

Lease Amount: \$ _____ Per _____

Owner's Contact Information

Phone Number: (____) _____ - _____

Owners Address: _____

Signature: _____

Notary Information

The foregoing instrument was acknowledge before me this _____ day of _____, _____
Day Month Year

State of
Florida
County of

By _____, who is personally known to me or who has produced
Name of person acknowledged

Type of Identification

As Identification.

_____, Notary Public _____
Signature of Notary Public Printed or Stamped

Commission No. _____

Staff Initials

***NOTE: THE SIGNATURE OF THE PROPERTY OWNER MUST BE NOTORIZED**