



# Town of Surfside

## TEMPORARY COMMUNITY CENTER ACCESS FORM

Please Print

Renter's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Renter's Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Lease Date: **From** \_\_\_\_\_ **To** \_\_\_\_\_

Please check if month to month:

Lease Amount: \$ \_\_\_\_\_ **Per** \_\_\_\_\_

### Owner's Contact Information

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owner's 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