

Owner: Please fill out the following information through Section 1.

Date: _____

Association/Condo Name: _____

To: Association Representative: _____ Phone _____ Fax _____
 Management Company: _____ Phone _____ Fax _____

Re: Authorization of Real Estate Licensee

You are hereby advised that effective _____ the following real estate licensee is working with me/us to sell and/or rent the property located at:
at _____
(street address including unit number)

Licensee: _____

Brokerage Firm: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Section 1: I have authorized licensee to:

- Receive copies of complete association documents, including master association documents and the question and answer sheet.
- Receive copies of the annual budget and most current year-end financial report
- Arrange for painting and/or repairs
- Other _____

I/we appreciate your cooperation with this licensee on my/our behalf.

_____/_____
Owner Date Printed Name

_____/_____
Owner Date Printed Name

Association Representative/Management Co.: Please fill out the following information through Section 2 and return the form to the above real estate licensee.

Section 2:

Total number of units _____ Number of units rented, if applicable? _____

Application required for purchaser? Yes No Application fee \$ _____

Interview of purchaser required? Yes No Association has right of first refusal? Yes No

Pets allowed? Yes No Type of pet permitted? _____

Number of pets allowed? _____ Weight restrictions? Yes No Permitted weight? _____

Tenants permitted pets? Yes No Other: _____



Vehicle restrictions? Yes No If yes, please state restrictions: _____

Number of vehicles allowed? _____

Parking? Covered ___ Garage ___ Open ___ Assigned ___ Deeded ___ Space# ___

Pickup trucks? Yes No Commercial vehicles? Yes No Motorcycles? Yes No

Rental restrictions? Yes No If allowed, term limit _____ Application fee for tenant \$ _____

Interview required for tenant? Yes No

55 and over community? Yes No , 62 and over community? Yes No

RV and boat storage area? Yes No Camper/motor home storage area? Yes No

Dock? Yes No , Deeded? Yes No Space available? Yes No

Dock available to: Tenant? Yes No or Purchaser? Yes No Cost? \$ _____

Unit Association fee? Yes No If yes, fee amount \$ _____

How paid? Monthly Quarterly Annually

Master Association? Yes No If yes, fee amount \$ _____

How paid? Monthly Quarterly Annually

Recreation lease and/or land lease? Yes No If yes, fee amount \$ _____

How paid? Monthly Quarterly Annually

Pending assessments? Yes No If yes, explain and indicate what payments have been made

All assessments current? Yes No If no, state outstanding balance:

Club privileges and/or recreation facility for tenants? Yes No For owners? Yes No

Cost of privileges? Tenant \$ _____ Owner \$ _____

Please explain recreation facilities?

Other information available:

Completed by _____
Firm/Title

By: _____

Phone: _____

Printed Name

Fax: _____

E-mail: _____

Please attach question and answer sheet as referenced by Florida Statute 718.504