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FLEMING ISLAND PLANTATION CDD AMENITY USAGE FORM FOR RENTAL PROPERTIES

To whom it may concern:			
I/We agree to relinquish the rights to use the amenities at Fleming Island Plantation. I/We understand that usage of these facilities during the time of ter occupancy will not be allowed.			
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Name of Parties Signing t	e Lease:		
Name of all other persons	authorized to live on the premises during the term of this lease:		
Address_			
Tenant Phone#:	Rental Time Frame: to		
Signature of Homeowner:			
Printed Name of Homeow	ner:		
Homeowner Address(not	ental property):		
Phone Number:	Date:		