

SHORT TERM / SEASONAL LEASING

RESIDENCY APPLICATION

Items PLCA requires at least 10 days prior to residency:

1. Application for seasonal residency

- Signed & completed application form
- Copy of each applicant's driver license
- No charge for processing
- Pet application form, proof of current vaccinations from vet.

2. Gate Access & Gate Card Leasing

- New tenant to provide gate card from prior tenant to be transferred to them.
- If no gate card available for transfer, a new gate card may be leased for \$10 per card.
- New tenant may be assigned a gate code if requested.

Also included is a copy of PLCA Rules & Regulations for your information & use.

Thank you!

Erin Irons

PLCA

1778 Samurai Point – Office Q-01

Lutz, FL 33558

Phone: 813-948-6411 Fax: 813-948-7885



PARADISE LAKES CONDOMINIUM ASSOCIATION

APPLICATION FOR SEASONAL LEASING

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION AND MARK "N/A" IN BLANKS, WHICH ARE NOT APPLICABLE. ANY QUESTIONS LEFT BLANK WILL CAUSE THIS APPLICATION TO BE RETURNED, NOT PROCESSED, OR NOT APPROVED. PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE WITH PICTURE ID.

UNIT: _____ DATES OF OCCUPANCY: _____

APPLICANT: _____ CO-APPLICANT: _____

PERMANENT ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTRY: _____ HOME PHONE: _____

CELL PHONE OR LOCAL CONTACT PHONE: _____

HAVE YOU BEEN TO PARADISE LAKES BEFORE: _____

PETS (IF ALLOWED): DOG: _____ BREED: _____ CAT: _____ BREED: _____

DRIVER LICENSE # _____ STATE _____ ADDRESS _____

CO-APP LICENSE # _____ STATE _____ ADDRESS _____

VEHICLES: MAKE: _____ COLOR _____ LICENSE NO. _____

MAKE _____ COLOR _____ LICENSE NO. _____

IS YOUR VEHICLE A COMMERCIAL VEHICLE? ☐ YES ☐ NO MAKE: _____ PLATE NO: _____

OTHER NUDISTS CLUBS OR ORGANIZATIONS TO WHICH YOU HAVE BELONGED OR VISITED: _____

EMERGENCY CONTACT: _____ PHONE #: _____

REALTOR/OWNERS CONTACT: _____

ANY FALSE OR MISLEADING STATEMENTS SET FORTH ON THIS FORM WILL RESULT IN THE AUTOMATIC REJECTION OF THIS APPLICATION AND CANCELLATION OF YOUR STAY.

I FULLY UNDERSTAND THAT THIS IS A NUDIST COMMUNITY, AND THAT I, AND MY FELLOW OCCUPANTS, WILL PRACTICE SOCIAL NUDISM AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ASSOCIATION.

APPLICANT: _____ DATE: _____

CO-APPLICANT: _____ DATE: _____

NEIGHBORHOOD ASSOCIATIONS OF PARADISE LAKES (NAPL)

NAPLAANR@GMAIL.COM

AMERICAN ASSOCIATION FOR NUDE RECREATION

WWW.AANR.COM

One applicant per form

PLEASE PRINT CLEARLY

MEMBERSHIP: NEW or RENEWAL			
DATE			
LAST NAME	FIRST NAME	INITIAL	DOB
MAILING ADDRESS			
EMAIL ADDRESS		PHONE	

ALL ABOVE INFORMATION IS REQUIRED.

MEMBERSHIP DUES ARE \$46.50 PER PERSON, PAYABLE TO NAPL.

Completed forms and checks may be dropped off at Q1 PLCA

Do you want a confirmation email showing you have applied for AANR membership through NAPL? YES _____ NO _____