

**HILLSBORO MILE OCEAN APARTMENTS, SECTION 2, INC.**

1043 Hillsboro Mile  
Hillsboro Beach, FL 33062

**GUEST IN OWNERS ABSENCE REGISTRATION FORM**

To be Completed by Owner & Guest

**NOTICE:** This Registration form must be completed as defined in the Association's "RULES & REGULATIONS". Any one occupying an apartment, other than the registered owner, must complete this form and submit it to the Management Company at least 3 weeks before they occupy the apartment.

DATE SUBMITTED: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ ASSIGNED  
PARKING SPACE \_\_\_\_\_

**GUEST INFORMATION: TO BE COMPLETED BY GUEST**

Relationship to Owner \_\_\_\_\_

Guest in Apartment Number \_\_\_\_\_

For the period of; From \_\_\_\_\_ to \_\_\_\_\_

The Apartment will be occupied by the following persons ONLY, (Maximum of four):

**Guests may not bring other Guests to share apartment.**

Full Name \_\_\_\_\_ Address \_\_\_\_\_

Full Name \_\_\_\_\_ Address \_\_\_\_\_

Full Name \_\_\_\_\_ Address \_\_\_\_\_

Full Name \_\_\_\_\_ Address \_\_\_\_\_

Guest Automobile license plate number is \_\_\_\_\_ State \_\_\_\_\_

Make and Model of Automobile \_\_\_\_\_

The signatures below verify that the occupants named above are guests and not tenants. In addition the Guest(s) are aware of and will comply with the Rules & Regulations of the association during their stay.

Owners' Signature \_\_\_\_\_ Guests' Signature \_\_\_\_\_

Return completed form:

- By Mail to: PO Box 39752, Fort Lauderdale, FL 33339
- Fax (954) 568-0910
- E-mail cabotmgmt@yahoo.com