SAVANNAH GREEN HOME OWNERS ASSOCIATION

P.O. Box 1045

Williamsburg, VA 23187-1045

Savannah Green Home	e Owner		
Full Name:			
		Phone:	
Savannah Green Addre	ss to Be Rented:		
Lease Start Date:	Lease	End Date:	
Will you be managing th	e rental yourself?		
• Yes:			
• No:			
If no, please provide the	information below:		
Property Manager/Mana	agement Company Name:		
Manager/Company Con	tact Information:		
TENANT INFORMATIO	N		
Please provide informati	on on <u>all</u> tenants who will be resi	ding at the property or unit. These	include
those whose names dor	n't necessarily appear in the leas	se.	
Tenant(s)			
Full Name:			
Tenant 2:	Tenant 3:	Tenant 4:	
Current Address:			
Email Address:		Phone:	
NOTE: Please add any a application.	additional members on a separa	te sheet of paper to be included	with this
OTHER INFORMATION	I		

Pets?

Yes, specify number of pets:
• No:
If yes, describe type of pet and dog breed:
Parking?
Yes, specify number of vehicles:
• No:
Vehicle #1 License Plate Number:
Make:
Model:
Vehicle #2 License Plate Number:
Make:
Model:
NOTE: Please add any additional vehicles on a separate sheet of paper to be included with this application.
The above Owner hereby requests approval to lease the described property/unit. A copy of the proposed Lease Agreement must be submitted with this application.
Signature of Homeowner Applicant:
Date:
Signature of co-owner Applicant:
Date:
SGHOA approval decision located on page 3

SGHOA Decision:	_Approved	Disapproved
Date of Decision:		
Andy Cochet (At-large Board M	ember)	David Raines (At-large Board Member)
Abraham Garcia (Treasurer)		Valerie Grason (Secretary)
Michael Walton (President)		