



GUEST REGISTRATION FORM

121 Golden Condominium Association, Inc.
121 Golden Isles Drive | Hallandale Beach, FL 33009

THIS FORM MUST BE COMPLETED AND RETURNED TO THE OFFICE AT LEAST FIVE (5) BUSINESS DAYS PRIOR TO GUEST ARRIVAL.

THIS FORM IS NOT TO BE USED FOR RENTERS.

Please complete all sections. If this form is not complete or submitted to the office before guest arrival, your guests will be denied entry to the condo building or will be removed as trespassers. Please note this procedure is necessary to ensure the safety and security of our residents.

A “guest” is defined as any person who occupies your unit with your permission without the payment of monetary rent or any other consideration or thing of monetary value in kind.

A “renter” is defined as any person who occupies your unit with your permission with the payment of monetary rent or any other consideration of monetary value of any kind. Occupancy by a renter must be arranged by following the Unit Rental Rules and forms, not by use of this form.

UNIT: _____ DATE: _____ GUEST ARRIVAL DATE: _____

LIST NAME(S) OF OWNERS AND SPOUSES:

NAME: _____ PHONE: (____) _____ - _____

NAME: _____ PHONE: (____) _____ - _____

STARTING DATE AND ENDING DATE OF GUEST OCCUPANCY:

_____/_____/_____ TO ____/____/_____

EMERGENCY CONTACT NUMBER FOR OCCUPANT(S)

PHONE: (____) _____ - _____

IF THE OCCUPANT(S) WILL BE PARKING IN YOUR PARKING SPACE, PLEASE PROVIDE THE FOLLOWING:

PARKING SPACE NUMBER: _____

MAKE: _____ MODEL: _____ TAG #: _____ STATE: _____

AUTO INSURANCE COMPANY NAME: _____

AUTO INSURANCE POLICY NUMBER _____



NAME, ADDRESS, AND PHONE NUMBER OF ALL PERSON(S) WHO WILL BE OCCUPYING THE UNIT IN YOUR ABSENCE:

NAME: _____ PHONE: (____) _____ - _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

NAME: _____ PHONE: (____) _____ - _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE LIST ADDITIONAL OCCUPANTS ON THE BACK SIDE OF THE PAGE.

DO YOU CLAIM THE OCCUPANT(S) TO BE RELATED TO YOU BY BLOOD OR MARRIAGE?
YES _____ NO _____

IF "YES" PLEASE DESCRIBE YOUR RELATIONSHIP TO EACH APPLICANT IN DETAIL BELOW:

OWNER'S CONDOMINIUM UNIT LIABILITY INSURANCE COMPANY:

NAME: _____ POLICY NUMBER: _____

I UNDERSTAND THAT I (WE) WILL BE RESPONSIBLE FOR THE CONDUCT OF THE OCCUPANTS DURING THEIR OCCUPANCY AND THAT I (WE) WILL BE RESPONSIBLE FINANCIALLY FOR ALL DAMAGES AND LEGAL COSTS, INCLUDING ATTORNEY FEES, WHICH MAY BE EXPERIENCED BY THE 121 GOLDEN CONDOMINIUM ASSOCIATION, INC., AND ANY OF ITS RESIDENTS ARISING FROM ABOVE-DESCRIBED GUEST OCCUPANCY.

SUBMITTED THIS _____ DAY OF _____, 20_____.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____