

**Owner: Please fill out the following information through Section 1.**

Date: \_\_\_\_\_

Association/Condo Name: \_\_\_\_\_

To:  Association Representative: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Management Company: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Re: Authorization of Real Estate Licensee

You are hereby advised that effective \_\_\_\_\_ the following real estate licensee is working with me/us to sell and/or rent the property located at:  
at \_\_\_\_\_  
(street address including unit number)

Licensee: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Section 1:** I have authorized licensee to:

- Receive copies of complete association documents, including master association documents and the question and answer sheet.
- Receive copies of the annual budget and most current year-end financial report
- Arrange for painting and/or repairs
- Other \_\_\_\_\_

I/we appreciate your cooperation with this licensee on my/our behalf.

\_\_\_\_\_/\_\_\_\_\_  
Owner Date Printed Name

\_\_\_\_\_/\_\_\_\_\_  
Owner Date Printed Name

**Association Representative/Management Co.: Please fill out the following information through Section 2 and return the form to the above real estate licensee.**

**Section 2:**

Total number of units \_\_\_\_\_ Number of units rented, if applicable? \_\_\_\_\_

Application required for purchaser? Yes  No  Application fee \$ \_\_\_\_\_

Interview of purchaser required? Yes  No  Association has right of first refusal? Yes  No

Pets allowed? Yes  No  Type of pet permitted? \_\_\_\_\_

Number of pets allowed? \_\_\_\_\_ Weight restrictions? Yes  No  Permitted weight? \_\_\_\_\_

Tenants permitted pets? Yes  No  Other: \_\_\_\_\_



Vehicle restrictions? Yes  No  If yes, please state restrictions: \_\_\_\_\_

Number of vehicles allowed? \_\_\_\_\_

Parking? Covered \_\_\_ Garage \_\_\_ Open \_\_\_ Assigned \_\_\_ Deeded \_\_\_ Space# \_\_\_

Pickup trucks? Yes  No  Commercial vehicles? Yes  No  Motorcycles? Yes  No

Rental restrictions? Yes  No  If allowed, term limit \_\_\_\_\_ Application fee for tenant \$ \_\_\_\_\_

Interview required for tenant? Yes  No

55 and over community? Yes  No , 62 and over community? Yes  No

RV and boat storage area? Yes  No  Camper/motor home storage area? Yes  No

Dock? Yes  No , Deeded? Yes  No  Space available? Yes  No

Dock available to: Tenant? Yes  No  or Purchaser? Yes  No  Cost? \$ \_\_\_\_\_

Unit Association fee? Yes  No  If yes, fee amount \$ \_\_\_\_\_

How paid? Monthly  Quarterly  Annually

Master Association? Yes  No  If yes, fee amount \$ \_\_\_\_\_

How paid? Monthly  Quarterly  Annually

Recreation lease and/or land lease? Yes  No  If yes, fee amount \$ \_\_\_\_\_

How paid? Monthly  Quarterly  Annually

Pending assessments? Yes  No  If yes, explain and indicate what payments have been made

All assessments current? Yes  No  If no, state outstanding balance:

Club privileges and/or recreation facility for tenants? Yes  No  For owners? Yes  No

Cost of privileges? Tenant \$ \_\_\_\_\_ Owner \$ \_\_\_\_\_

Please explain recreation facilities?

Other information available:

Completed by \_\_\_\_\_  
Firm/Title

By: \_\_\_\_\_

Phone: \_\_\_\_\_

Printed Name

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please attach question and answer sheet as referenced by Florida Statute 718.504**