



Item	Weekly	Notes	Amount Paid
Weekly Rent	\$635		\$
Security deposit	\$300	Incidentals	Credit Card Authorization Only
Optional			
Parking	\$7	Based on availability	\$
DSL internet	\$35	Fee applies for any duration of stay up to a month	\$
UNIT #:			Total: \$
Tenant Name:			
Tenant Signature:			Date:
Company Name:			
Company Representative Signature:			Date:

TENANT INFORMATION			
FIRST NAME		LAST NAME	
EMAIL	PHONE ()hm ()cell ()wk	PHONE ()hm ()cell ()wk	
CHECK-IN DATE	CHECK-IN TIME	LENGTH OF STAY	

CHECK-IN HOURS : M-F 9:00 to 5:00 / SAT. 10:00 to 4:00

PLEASE MAKE PRIOR ARRANGEMENTS IF YOU PLAN TO CHECK-IN AFTER HOURS