

FIRST AMENDMENT TO LEASE REQUEST FORM

Please print the below information in blue or black ink only. Once completed, you may submit it via email to leaseFAQ@clw-info.net, hand deliver to the Community Service Office (CSO), place it in a drop box outside the CSO, or mail it to Colen & Wagoner, P.A., 1756 N. Belcher Rd., Clearwater, FL 33765.

PROPERTY INFORMATION:

Address: _____	Clearwater, FL 33763	
Building Number: _____	Condo Number: _____	Phone Number: _____
Email Address: _____		

OWNER INFORMATION:

Owner #1 Name: _____				
<i>If the unit is owned by an LLC, corporation, trust, or any other entity, please ALSO list the managing member, officer, or trustee name. A copy of the trust document, formation document, or Power of Attorney must also be submitted.</i>				
Is the condominium the primary residence of this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>				
<i>If married or separated and spouse is NOT on the deed, please list his/her name and mailing address</i>				
Name	Address	City	State	Zip

Owner #2 Name: _____				
<i>If the unit is owned by an LLC, corporation, trust, or any other entity, please ALSO list the managing member, officer, or trustee name. A copy of the trust document, formation document, or Power of Attorney must also be submitted.</i>				
Is the condominium the primary residence of this individual? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>				
<i>If married or separated and spouse is NOT on the deed, please list his/her name and mailing address</i>				
Name	Address	City	State	Zip

☐ Are there additional owners? If so, please include the requested information for each owner on the back of this form, request a separate form from the CSO, or download a separate form from otowclearwaterinfo.com.

PREFERRED METHOD OF RECEIPT:

Please email my First Amendment to: _____				
Please mail my First Amendment via US Postal Service to my condo address <input type="checkbox"/> OR to the below address				
Address		City	State	Zip