



3495 Winton Place, Building D, Suite 4  
Rochester, New York 14623  
(585) 424-1540

LESSEE INFORMATION FORM

Please include the following items with the submittal of this form:

- 1. A signed copy of this form.
- 2. A copy of the signed lease.
- 3. **A \$100.00 lease fee. Make check payable to Holiday Harbour Condominium**

Please Note: • The processing fee is \$100 for the initial lease or per occupant change and \$100 a year thereafter if the lease extends more than a year. The fee is due on January 1st each year.

- 1. \$100.00 per month fine will be instituted for non-compliance with the Holiday Harbour rental policy.
- 2. Landlords are responsible for complying with the City of Canandaigua Rental Housing Registration Law.
- 3. Tenants are not allowed to have pets.
- 4. Tenants are not allowed to have a dock space.

Unit Number: \_\_\_\_\_ Unit Owner's Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

( ) I/We represent that the following information is complete and true. I/We understand that the misrepresentation in this form may result in enforcement action by the Condominium Board of Managers.

Lessee Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Make of Car(s) \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Lease Term

Term start date: \_\_\_\_\_ Term end date: \_\_\_\_\_

Person to be notified in Emergency

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Home must be owned for 2 years prior to renting

No lease shall be for a term of less than six months.

The Holiday Harbour Condominium Association governing documents provide obligation of the homeowners that all homes are for single family residence only. The home may not be occupied by more than 2 permanent residents per bedroom.

I/We have read the Condominium declaration, the Condominium By-Laws and the Rules and Regulations of Holiday Harbour Condominium and agree to comply therewith. I/We have received a copy of the above documents.

**Please Sign and Date:**

Signature of Owner(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Please submit this form with the applicable attachments as referenced above to the Kenrick Corporation not more than 20 days after the unit is leased or receipt of this form. **The Board of Managers and their Committees will be informed of the leasing of your unit.**

**Mail information package to:**

**Holiday Harbour Condominium  
c/o Kenrick Corporation  
3495 Winton Place, D-4  
Rochester, NY 14623**