**THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED TO:**

**JUPITER BAY CONDOMINIUM ASSOCIATION**

**275 PALM AVE APT D-105, JUPITER, FL 33477**

**TO BE COMPLETED BY OWNER:**

Condominium Unit Number(s):

Unit Owner(s):

 Owner Signature Date Owner Signature Date

 Print Name Print Name

 Complete Mailing Address City State Zip

 Home Phone Cell Phone Email Address

Assignment of the Following Property Management Responsibilities:

 🞏 Unit Rental 🞏 Property Maintenance

 🞏 Hurricane Preparedness 🞏 Emergency Contact

 🞏 Unit Access & Key Duplication 🞏 Assessment Payments (Quarterly & Special)

 **Note that any item(s) not checked remain the full responsibility of the Unit owner.**

Assigning to:

 Company Name: Effective Date:

 Agent Name: Phone: Email:

 Company Address:

**The Unit Owner signature(s) above must be notarized for the form to be accepted.**

 State of: County Of:

 On the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, before me, personally appeared

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to this form.

 My Commission Expires:

 Notary Public

 **Date Form Received by JBCA**:

**TO BE COMPLETED BY AGENT**:

 Company Name: Effective Date:

 Agent Name: Phone: Email:

 Company Address:

 24 hour Emergency Contact:

 Name & Phone #

 Signature/Authorized Signee & Title: