Coakley Bay Association
Occupancy Questionnaire

---- Information required of all tenants short and long term ----
Form to be filled out by owner or manager – NOT the guests!

Unit #: _____ Date Form Submitted: _____

Check one: ☐ 3-Bedroom (BR) ☐ 2-Bedroom (BR)

Occupancy Dates: Check-in: _____ Check-out: _____

Number of Nights: _____

Owner or Manager of the unit: _____

Number of occupants booked: _____ (Limits: 3 BR: 6 people, 2 BR: 4 people)

Please provide the names of **all** occupants and a PRIMARY phone and e-mail address.

1: _____ 2: _____

3: _____ 4: _____

5: _____ 6: _____

Primary Contact

Name: _____ Phone: _____

E-mail address: _____

Emergency Contact

Name: _____ Phone: _____

E-mail form to: **officemanager@coakleybay.org** **Questions?** Call: **(340) 773-9600**

Form should be e-mailed as soon as possible. The form must be received a minimum of 24 hours before the last business day prior to the check-in date.

RULES AND REGULATIONS MUST BE POSTED IN THE UNIT.

I acknowledge that all information on this form is complete and accurate and that I have provided the rules and regulations for the guests. Any changes (number of guests, names, cancellations, etc.) should be submitted prior to check-in.

SIGNATURE OF THE PERSON COMPLETING FORM

Name: _____ Date: _____