

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: \_\_\_\_\_

Circle 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 contact phone and email:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

## PRIMARY CONTACT:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email form to: [Officemanager@coakleybay.org](mailto:Officemanager@coakleybay.org) Questions? (340)773-9600

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

## 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 to the guests. Any changes (number of guests, names, nights, cancellation etc.) should be submitted prior to check in.

Signature of person completing form:

\_\_\_\_\_ Date