

Bay Harbor Club Condominium Association, Inc.

End of Season Check Out Form

Condo Building # _____, Unit # _____

Homeowner Name(s): _____

Expected Date of Departure (check out): _____

Expected Date of Return: _____

Homeowner Contact Information: (Please provide alternate address)

Phone: _____ Email: _____

Address: _____

Emergency Contact Information:

Homewatch Name: _____ Phone: _____

Frequency of Homewatch Visits: _____ Email: _____

Summer Occupancy: If you have guests that will be in the unit during the summer months, please complete the following section:

Dates of Anticipated Occupancy: _____

Name of Primary Occupant: _____

Phone Number of Primary Occupant: _____

Acknowledgement: I have read the Bay Harbor Club 2025 Board Approved End of Season Checkout Policy and acknowledge that I have/will take all step necessary to properly prepare my unit for my departure in accordance with that document.

Homeowner Signature: _____

Date: _____

Completed forms should be emailed to Michelle Royals at micheller@cambridgeswfl.com or mailed to Cambridge Management, 9001 Highland Woods Blvd, Suite 2, Bonita Springs, FL 34135.