

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: \_\_\_\_\_

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 main contact phone and email:

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

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

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

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

### Emergency Contact

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

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

**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**