

SHORT TERM LEASE

I agree to lease the Florida property
Circled Below

(3 Bedroom) Sleeps up to 8

(4 Bedroom) Sleeps up to 10

(5 Bedroom) Sleeps up to 12

(6 Bedroom) Sleeps up to 14

on the dates listed. I agree to maintain the property in good condition and I will be responsible for any and all damage to the property beyond normal wear and tear. I have listed all the people who will occupy the premises and I agree to be responsible for any and all damage caused by them. I understand that **no pets** are allowed and all smoking must be done outside. I understand that the owners are not responsible for any personal items left in the home during or after your stay, nor are the owners responsible for any cancellations due to the weather. I understand that appliances, air condition and amenities are not guaranteed and refunds will not be given due to breakdown. I understand that the owner will do their best to present a perfect home and repair any problems as soon as possible. **I have read the rental and cancellation policy and agree to all the terms.**

Signature of Responsible Party:

Please make all checks payable to:
John Giacobbe
259 New Brooklyn Road
Williamstown, NJ 08094

RESERVATION FORM

Arrival Date: _____ Departure Date: _____

Name _____

Address _____

Home Phone _____ Cell: _____ E-Mail _____

Names of
Adults _____

Names and ages of
Children _____

Rental See Rates \$ _____

Florida Sales Tax 13% \$ _____

Total \$ _____

Security Deposit \$ 250.00