



Vacation Rental Application

****Please Email or Fax back with a copy of Driver's License
tammy@tammyschembri.com or FAX 480-999-5145**

Property Address: _____

Check In Date: _____ Check Out Date: _____ Number of Guests: _____

Dog(s): No Yes (Breed: _____ Age: _____ Approximate Weight: _____)

1. NAMES & AGES OF ALL PERSONS STAYING AT THE PROPERTY:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

2. ADDRESS FOR RETURN OF SECURITY DEPOSIT:

Address: _____

City: _____ State: _____ Zip Code: _____

3. CONTACT INFORMATION:

Home: _____

Cell: _____

Email: _____

Additional Comments: _____

100% NO SMOKING - NO PETS unless in writing on this application and on contract. Unauthorized pets will forfeit all monies. Any loud music or parties will terminate rental agreement immediately.

Fax: 480-999-5145 Check In is 9:00 a.m. - Check Out is 11:00 a.m.

