Coakley Bay Association
5000 Estate Coakley Bay
Christiansted VI 00820-4598
Phone: 340-773-9600
Email: officemanager@coakleybay.org

Property Manager/Agent Application

Name of Applicant_____

Address: _____

Phone Number During Business hours: _____

Phone Number for after hours/emergencies:_____

Email Address: _____ Units Managing ____ ____ ____ _____

Name of Applicant's Firm/Agency (if applicable):_____

Contact Phone Number for Firm/Agency:_____

Number of Years of Property Management Experience:_____

I will _____ will not _____ close shutters in case of a hurricane/storm.

Check List – Initial when complete

- _____ **Attach Business License**
- _____ **I have read Coakley Bay Owners Rules and Regulations**
- _____ **I have read Coakley Bay Rules for Renters**
- _____ **I have read Coakley Bay Rules and Procedures for Rental Units & Property Managers**
- _____ **Please add two (2) professional references to this application**
- _____ **Annual Property Manager's fee (non-refundable) delivered**

Acknowledgment
By signing below, the applicant has read and/or reviewed the agreement and voluntarily agrees to be bound by its terms.

I have read, acknowledge, and agree to be bound by the Coakley BayRules and Regulations (separate document). I understand that Coakley Bay may withhold permission for me to manage properties at Coakley Bay and has no obligation to approve this application.

I understand that violation of listed Rules and Regulations may result in my removal from the Coakley Bay list of approved property managers.

Upon removal from the list of approved managers, I understand that any outstanding contracts I have with Coakley Bay owners are void and that I am prohibited from contracting with any Coakley Bay owner for the management of their unit(s) unless/until I reapply and am approved the following year.

Applicant: _____ Date: _____

GM: _____ Date: _____

Approved: _____ Not Approved: _____