

**SANTA CRUZ PORT DISTRICT
RENTAL APPLICATION**

For the property at _____

BUSINESS

Name _____	Type of business _____
Address _____	Years in this business _____
City, State, Zip _____	Type of business to operate _____
Phone # _____	at harbor property _____

PRINCIPALS

1. Name _____	Position _____
Address _____	Social Security # _____
City, State, Zip _____	Driver's License # _____
Phone # _____	
2. Name _____	Position _____
Address _____	Social Security # _____
City, State, Zip _____	Driver's License # _____
Phone # _____	

RENTAL REFERENCES

	Address	Phone #	From → To
Current Landlord _____			
Previous Landlord _____			

BANK REFERENCES

Bank	Branch	Phone #	Account #

Contact: _____			

This is an application only and is not intended to serve as a binding agreement between the Santa Cruz Port District and other parties. Additionally, by signing below you are giving permission for credit information to be released to us.

Signature _____ Date _____

Signature _____ Date _____

Santa Cruz Port District
135 Fifth Avenue · Santa Cruz, CA · 95062 · ph. (831) 475-6161 · FAX (831) 475-9558