

2008 WEEKLY IN SEASON RATES

<i>Date</i>	<i>Rates</i>	<i>Tenant</i>
May 31 - June 7	\$ _____	_____
June 7-14	\$ _____	_____
June 14-21	\$ _____	_____
June 21-28	\$ _____	_____
June 28 - July 5	\$ _____	_____
July 5 -12	\$ _____	_____
July 12-19	\$ _____	_____
July 19-26	\$ _____	_____
July 26 - Aug 2	\$ _____	_____
Aug 2\9	\$ _____	_____
Aug 9 -16	\$ _____	_____
Aug 16 - 23	\$ _____	_____
Aug 23 - 30	\$ _____	_____
Aug 30 - Sept 6	\$ _____	_____
Sept 6-13	\$ _____	_____

Additional Weekly Pet Rent: \$ _____

Damage/Cleaning Deposit: \$ _____
Utility/Phone Deposit: \$ _____
Pet Deposit (Refundable): \$ _____

NOTE: These Deposit(s) are made payable to the property OWNER and returned by the OWNER. DELLAS AGENCY acts as a conduit only

OFF SEASON NIGHTLY RATE: \$ _____
Minimum Number of Nights: _____

WHOLE SEASON RATE: \$ _____
List utilities to be paid by tenant: _____

WINTER MONTHLY RATE: \$ _____
List utilities to be paid by tenant: _____

YEAR ROUND MONTHLY RATE: \$ _____
List utilities to be paid by tenant: _____

2008 WEEKLY OFF SEASON RATES

<i>Date</i>	<i>Rates</i>	<i>Tenant</i>
Dec. 29 - Jan 5	\$ _____	_____
Jan 5-12	\$ _____	_____
Jan 12-19	\$ _____	_____
Jan 19-26	\$ _____	_____
Jan 26 - Feb 2	\$ _____	_____
Feb 2-9	\$ _____	_____
Feb 9-16	\$ _____	_____
Feb 16 -23	\$ _____	_____
Feb 2 3 – March 1	\$ _____	_____
Mar 1 - 8	\$ _____	_____
Mar 8-15	\$ _____	_____
Mar 15-22	\$ _____	_____
Mar 22-29	\$ _____	_____
Mar 29 – Apr 5	\$ _____	_____
Apr 5-12	\$ _____	_____
Apr 12-19	\$ _____	_____
Apr 19-26	\$ _____	_____
Apr 26 – May 3	\$ _____	_____
May 3-10	\$ _____	_____
May 10-17	\$ _____	_____
May 17-24	\$ _____	_____
May 24-31	\$ _____	_____
Sept 13-20	\$ _____	_____
Sept 20-27	\$ _____	_____
Sept 27 – Oct 4	\$ _____	_____
Oct 4-Oct 11	\$ _____	_____
Oct 11-18	\$ _____	_____
Oct 18-25	\$ _____	_____
Oct 25 – Nov 1	\$ _____	_____
Nov 1-8	\$ _____	_____
Nov 8-15	\$ _____	_____
Nov 15-22	\$ _____	_____
Nov 22-29	\$ _____	_____
Nov 29 - Dec 6	\$ _____	_____
Dec 6-13	\$ _____	_____
Dec 13-20	\$ _____	_____
Dec 20-27	\$ _____	_____
Dec 27 – Jan 3	\$ _____	_____

IN CASE OF EMERGENCY: (contact the following)

Air Conditioning: _____
(Name, & Phone #)

Appliance Repair: _____
(Name, & Phone #)

Cleaning: _____
(Name, & Phone #)

Electrician: _____
(Name, & Phone #)

Exterminator: _____
(Name, & Phone #)

Handyman: _____
(Name, & Phone #)

Lawn Care: _____
(Name, & Phone #)

Plumbing: _____
(Name, & Phone #)

Trash Hauler: _____
(Name, & Phone #)

PROPERTY OWNER INFORMATION:

PROPERTY OWNER: _____
(If corporation or partnership, indicate the name of the principal contact person)

TAXPAYER IDENTIFICATION NUMBER: _____
(Social Security or Employer Identification number as shown on your W-9 form)

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

Home Phone: _____ Work Phone: _____ Shore Phone: _____

Cell Phone: _____ Fax Number: _____ E-Mail: _____

Name of Authorized Decision Maker in OWNER'S Absence:

MAILING ADDRESS: _____

CITY, STATE, & ZIP: _____

PHONE: _____

OWNER/REPRESENTATIVE SIGNATURE: X _____ **Date:** _____

AGENT FOR BROKER: _____