

(617) 720-4646- office
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West End Place
150 Staniford Street
Boston, MA 02114

UNIT SUBLET REQUEST FORM

OWNERS NAME _____ DATE OF REQUEST _____

UNIT No. _____ UNIT SIZE (1, 2 OR 3 BEDROOM) _____ PHONE #() _____

Is this a first-request to sublet unit? _____ Yes _____ No Explain _____

DURATION OF SUBLEASE: BEGIN _____ END _____

MAXIMUM NUMBERS OF PERSONS TO OCCUPY UNIT _____

RECOMMENDATION OF PROPERTY MANAGER:

DECISION MANAGING:

UPON TERMINATION OF SUBLET, WILL SHAREHOLDER REOCCUPY THE UNIT? __ YES __ NO

IF NOT, EXPLAIN:

SHAREHOLDER'S SIGNATURE: _____ DATE: _____