



FORT MYERS BEACH FIRE CONTROL DISTRICT

REGISTRATION FORM

As outlined in District Ordinance 2021-1

DATE:

Registered Property Address _____

Unit Number (if applicable) _____

PROPERTY OWNER (as it appears on your property tax assessment):

Last Name _____ First Name _____

Business _____

ADDRESS:

Street _____

City _____ State _____ Zip _____

Telephone number(s) _____

Email address _____

PROPERTY MANAGER: Check if same as above

Last Name _____ First Name _____

Business _____

ADDRESS:

Street _____

City _____ State _____ Zip _____

Telephone number(s) _____

Email address _____

PROPERTY TYPE:

Transient, Short-term, Vacation Rental

Non-Owner Occupied (2) Family Dwelling