



PAR FOUR AT CAPRI CONDOMINIUM ASSOCIATION, INC
927-937 CAPRI ISLES BOULEVARD VENICE, FL 34923
SALE APPLICATION

Unit #: _____ Unit Address: _____ Closing Date: _____
(Month/Date/Year)

Owners Name (s): _____ Telephone: _____ Email: _____

Purchaser's Name (s) _____ Telephone: _____ Email: _____

Present Address _____

Name of Spouse /Other: _____

Purchaser's Employer's Name _____

Address of Employer: _____

Spouse/Other Employer Name: _____

Address of Employer: _____

Names of All Occupants (Ages Only if Under 18 years):

_____ Age _____ Age _____

_____ Age _____ Age _____

Pets: Yes ___ No ___ If Yes, What Type/Weight? _____ (Restricted to 25 lbs. max//Limit Two Pets)

Make/Model of Vehicle _____

Year: _____ Color _____ License No.: _____ State: _____

Credit References:

NAME

ADDRESS

PHONE

1. _____

2. _____

Please Indicate Your Plan:

Full Time Resident _____ Seasonal Resident (Approximate Dates) _____

Rental Only – Season _____ Yearly _____

I HAVE READ AND AGREE TO ABIDE BY THE ASSOCIATION DECLARATION OF CONDOMINIUM, ITS
BYLAWS AND RULES AND REGULATIONS

Date: _____
(Month/Date/Year) Signature of Applicant Signature of Applicant

Approved: Board of Director or Property Manager: _____
By Title Date

Please MAIL Completed Document To Communique: 5824 Bee Ridge Rd #413, Sarasota FL 34233

1/2018 BOD