

ROSEWOOD ASSOCIATION
SALES APPLICATION
GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD.
NAPLES, FL 34109
239-514-7432

Name of Current Owner: _____
Rosewood Address & Unit Number: _____
Home Phone _____ Cell Phone _____
Email Address: _____

A signed copy of the Sales Application must be submitted along with a non-refundable check for \$100.00 made payable to Rosewood Association

Name(s) of Buyer: _____
Address: _____
Cell Phone Number: _____
Driver's License Number: _____ State _____
Are you planning to rent the unit? Yes _____ No _____

Note: Unit rentals/leases are restricted to once every 28 days.

Will you be a full time resident? Yes _____ No _____
Name of Realtor _____ Phone _____
Closing Date _____

EMERGENCY CONTACT:

NAME: _____ PHONE NUMBER _____

I have received, read and agree to abide by the Rules and Regulations of Rosewood Association

Sales Applicant Signature: _____ Date: : ____/____/____
Sales Co-Applicant Signature: _____ Date: : ____/____/____

OWNERS ARE PERMITTED PETS

Please fill out this form completely and mail it to the above address along with your check for \$100.00. Incomplete sales applications will be rejected.