

FALLING WATERS I

SALES APPLICATION

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

Name of Current Owner: _____

Falling Waters I 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 Falling Waters I Association

Name(s) of Buyer: _____

Address: _____

Cell Phone Number: _____

Driver's License Number: _____ State _____

Are you planning to rent the unit? Yes _____ No _____

Note: No unit may be leased for a term less than thirty (30) Days nor more than one (1) year

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 Falling Waters I 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.