

JASMINE CT. SALES APPLICATION

SANDCASTLE COMMUNITY Mgt.
9150 Galleria Ct., Suite 201.
NAPLES, FL 34109
239-596-7200

Name of Current Owner: _____

Jasmine Ct. 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 Jasmine Ct. Association

Name(s) of Buyer: _____

Address: _____

Cell Phone Number: _____

E-Mail Address _____

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 Jasmine Ct. 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.