

# 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

**THE SALES CONTRACT MUST ALSO BE INCLUDED WITH THE SALES APPLICATION**

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.**