

SALE APPLICATION
Water Crest Condominium Association
GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD.
NAPLES, FL 34109
239-514-7432

Name of Unit Owner: _____

Water Crest Address & Unit Number: _____

Home & Cell Phone Numbers: _____

Email Address: _____

A signed copy of your Sales Agreement must be submitted with this application along with a non-refundable check for \$100.00 made payable to Water Crest Condominium Association, Inc.

Name(s) of Buyer: _____

Address: _____

Cell Phone Number(s): _____

Email Address(es): _____

Driver's License Number: _____ State _____

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

Note: Unit rentals/leases are restricted to 4 times/year for at least 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 Water Crest Condominium Association.

Sales Applicant Signature: _____ Date: / /

Sales Co-Applicant Signature: _____ Date: / /

**OWNERS ARE ALLOWED TO HAVE ONE (1) PET ONLY.
OWNER'S GUESTS AND RENTERS/LESSEES AND THEIR GUESTS ARE NOT ALLOWED TO HAVE
PETS IN THE CONDO THE CONDO UNITS OR ON THE WATER CREST PROPERTY!!**

**Please fill out this form completely and mail it to the above address along with your sales agreement and your check for \$100.00.
Incomplete sales applications will NOT be processed.**