## CARDINAL COVE VILLAGE ASSOCIATION, INC.

**Purchase Information form** MUST BE SUBMITTED 20 DAYS PRIOR TO CLOSING

Return to:	Cardinal Cove Village Association, Inc. c/o Sandcastle Community Management 9150 Galleria Court Suite 201, Naples, Flor Office: 239-596-7200	rida 34109
Name of Current Owner:		
I/we hereby apply for approval to purchase ( <b>Prop. Address</b> ):		
Title Company/ Closing Agent:	Phone:	
Address:	Closing Date:	
This application must be submitted along with required enclosures a for processing time.	and application fee (20) twenty days prior to a	<b>closing</b> to allow
Please submit the following:a.A copy of fully executed sales contract. Applicantb.A non-refundable fee of \$100.00 payable to Sandorc.A completely filled out application form. (Partiandd.Pet Registration form (if no pet check at top of forTYPE OR PRINT LEGIBLY THE	castle Community Management ally completed form will not be considered) rm and sign)	
Full Name of Applicant:		
Full Name of Spouse:		
Current address:		
Email(s):		
Make of Car: Year: License No.	State:	
Second car: Year: License No.	State:	
I am <b>purchasing</b> this unit with the intention to:		
Reside in the unit full time Reside here on a	part time basis lease it out the unit	
Purchasers Initials – I/we have received, read,	understand and agree to abide by the Card	inal Cove Village
Association, Inc. Documents, Articles of Incorporation, Bylar may be amended, as an owner/resident.	ws, Rules, Regulations and all other regula	ations in effect as
I/we have read, understood and agree to all of the statements ab	ove.	
Applicant signature: Prin	ted Name:Date	
Spouse signature: Prin	ted Name: Date_	

## Cardinal Cove Village Association, Inc. Pet Registration Form

(2 small domesticated pets - dogs or cats - no more than 22 pounds)

I DO NOT HAVE A PET AT THIS TIME: \_\_\_\_\_

Signature of applicant

Date

I understand that falsification of information or failure to register my pet will result in action regarding rules violations by the Board. I further understand that I am fully responsible for the action of my pet. I understand that this Pet Registration is only for this pet and expires when the pet is no longer on the property.

Owner:	
Address:	
Home #	Cell #
Type of Pet:	Present Weight:
Breed:	Weight at Maturity:
Name of Pet:	

## Attach a copy of immunization record & photo of your pet.

Signature of Owner

Date