

WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN SHORES INC.
SALE OF CONDOMINIUM APPLICATION (Allow 21 days for Processing)

CURRENT OWNER INFORMATION

Date :	Unit #	Approx. Closing Date :
Name of All Owners:		
Address:		
City:	State:	Zip Code:
Phone:	Alt. Phone:	Email:

NEW PURCHASER INFORMATION

Names of All Persons Purchasing Unit:	Selling Price:	
Current Address:		
City:	State:	Zip Code:
Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:
IN CASE OF EMERGENCY CONTACT :	Phone:	

REGISTERED OCCUPANTS

Name:	Relationship:	
Phone:	Alt. Phone:	Email:
Name:	Relationship:	
Phone:	Alt. Phone:	Email:

CONDOMINIUM UNIT USE (CHECK ONE)

The primary use of the condominium unit will be for:	OWNER OCCUPIED OR SECOND HOME	<input type="checkbox"/>
The primary use of the condominium unit will be for:	RENTED OR INVESTOR	<input type="checkbox"/>

AUTOMOBILES (ONE OUTDOOR PARKING SPACE WILL BE ASSIGNED)

Make/Model	Year	Plate#:
Make/Model	Year	Plate#:

DESIGNATED VOTER FOR CONDOMINIUM ELECTION

Multiple owners are permitted, however only one owner may be designated as the voter in the condominium election.

Designated Voter Name:

SIGNATURES

By signing below, I acknowledge that I have received, read, understand and will obey the Rules and Regulations, the condominium by laws, and the condominium documents. I will not allow my unit to be rented for less than 7 (seven) consecutive days nor will I advertise the unit for a daily rental rate. I certify that I have no pets and none are allowed on the premises. As a unit owner I take full responsibility for the actions of all visitors, guests, renters and rental agencies.

A check in the amount of \$100.00 must accompany this application and be submitted to the Water View Condominium Association.

YOU MUST PROVIDE 2 KEYS TO MANAGEMENT COMPANY FOR USE IN EMERGENCIES & MONTHLY INSECTICIDE APPLICATION

Signature of applicant:	Date:
Signature of applicant:	Date: