L'Pavia Condominium Association

C/O Argus Management of Venice, Inc. 1062 East Venice Avenue ~ Venice, Florida 34285 Office: (941) 408-7413 ~ Fax: (941) 408-7419 frontdesk@argusvenice.com

REQUEST FOR APPROVAL TO PURCHASE

I/We hereby make application to the Board of Directors to purchase a unit in L'Pavia Condominium Association. Please submit a non-refundable check in the amount of \$100 made payable to L'Pavia Condominium Association, Inc. for further processing.

UNIT # UNIT ADDRI	ESS:	CLOSING DATE:		
PRESENT OWNER'S NAME:		CONTACT PHONE #:		
AGENT (IF ANY)	SE	LLER OR AGENTS	S EMAIL:	
BUYER NAME(S):	NAME(S): EM		.:	
PRESENT ADDRESS:				
PHONE:	CELL:		WORK:	
ADDRESS FOR CONDO COP	RRESPONDENCE	:		
EMPLOYER'S NAME:		PHONE:		
EMPLOYER ADDRESS:		CITY:	STATE:	ZIP:
IF RETIRED ~ PREVIOUS O	CCUPATION:			
PURCHASE FOR OWNER O	CCUPANCY: _	FULL-TIME	PART-TIME OR	RENTAL
CONTACT IN CASE OF EMI	RGENCY (OTHE	ER THAN OCCUPA	NT):	
PHONE:E	MAIL:		RELATIONSHIP: _	
NAMES & AGES OF ALL	OCCUPANTS:			
NAME:	AGE:	_ NAME:		AGE:
NAME:	AGE:	NAME:		AGE:
Make/Model of Vehicles(s):				Year:
Color:	License N	0.:	State:	
Make/Model of Vehicles(s):				Year:
Color:	License No.:		State:	
PETS: YES: NO: IF	ZES, WHAT TYPI	E/WEIGHT:	?	

Buyer(s) understands and agrees to observe all Rules, Regulations, and Restrictions contained in the Association's "Declaration of Condominium and By-Laws; as well as all condominium rules established by the Board of Directors. The buyer(s) acknowledge having read the aforementioned rules, regulations and restrictions by signing in the space provided below.

Buyer Signature:	Date:	_
Buyer Signature:	Date:	_
	** BOARD USE ONLY **	
BOARD ACTION: APPROVED	_ DISAPPROVED	
SIGNATURE:	TITLE:	DATE:
PLEASE RETURN TO: ARGUS MAN 1062 E. VENIC VENICE, FL 3	CE AVENUE	