

AUBURN COVE OWNERS ASSOCIATION, INC.

c/o Argus Management of Venice, Inc.
1062 E. Venice Avenue – Venice, Florida 34285
Office: (941) 408-7413 Fax: (941) 408-7419

REQUEST FOR APPROVAL TO SELL

**A \$50.00 NON-REFUNDABLE PROCESSING FEE IS REQUIRED MADE PAYABLE TO
AUBURN COVE OWNERS ASSOCIATION**

UNIT: # _____ **UNIT ADDRESS:** _____

PURCHASE PRICE: _____ **CLOSING DATE:** _____

PRESENT OWNER'S NAME: _____

PURCHASES NAME: _____

PRESENT ADDRESS: _____

NAME OF SPOUSE: _____

EMPLOYER'S NAME YOURS: _____

ADDRESS: _____

SPOUSE: _____

ADDRESS: _____

IF RETIRED, PREVIOUS OCCUPATION: _____

SPOUSE: _____

NAMES OF ALL OCCUPANTS:

PETS: YES ___ **NO** ___ **IF YES, WHAT TYPE/WEIGHT:** _____

PLEASE INITIAL THAT YOU UNDERSTAND AND AGREE TO THE FOLLOWING:

___ OWNERS ARE ALLOWED TWO (2) ANIMALS EACH UNDER 30 LBS. ALL ANIMALS SHALL BE KEPT ON A LEASH WHILE OUTSIDE OF THE OWNER'S LOT. ANIMALS SHALL BE UNDER CONTROL AT ALL TIMES.

TYPE OF VEHICLE: _____ **HOW MANY:** _____ **LICENSE: #** _____

CREDIT REFERENCES:

NAME ADDRESS PHONE

I AGREE TO READ AND ABIDE BY THE DECLARATION, BY-LAWS AND RULES AND REGULATIONS OF AUBURN COVE OWNERS ASSOCIATION.

DATE: _____

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

APPROVED:

BOARD OF DIRECTORS

BY: _____

DATE: _____

SUBMITTED BY: _____

ADDRESS: _____