

**Intent to CHANGE TITLE**

THE ORLEANS APARTMENTS CONDOMINIUM, INC  
950 Tarpon Center Drive, Venice, Florida, 34285

Return to  
*Argus Management of Venice, Inc.*  
1062 E. Venice Avenue  
Venice, FL 34285  
[Frontdesk@argusvenice.com](mailto:Frontdesk@argusvenice.com)

UNIT # \_\_\_\_\_ OWNER: \_\_\_\_\_  
Closing date \_\_\_\_\_  
Name of Real Estate Agency: \_\_\_\_\_  
Phone: \_\_\_\_\_

**FUTURE OWNER INFORMATION**

NAME \_\_\_\_\_

SS# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_

SS# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Ok to send group blind emails? \_\_\_\_\_

Employer \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

Names of persons to occupy premises (give ages if under 18)

**I have received a copy of the Condominium Documents and agree to attend an orientation (in person or by phone) about the Condominium. The purpose of this Orientation is to provide prospective buyers with information concerning Documents, Policies & Rules/Regulations of the Orleans Condos before closing.**

Buyer(s) Signature(s)

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**NON-refundable APPLICATION FEE OF \$150 MADE PAYABLE TO: Orleans Apartment Condominium Assoc. must accompany this application. Please fill out a Background Check form for EACH Applicant. (See page 3)**

Board Approval signed by

\_\_\_\_\_

Date \_\_\_\_\_

revised 05.23.23

**ORLEANS EMERGENCY FORM**

**05.23.23**

Please provide the information listed below to ensure that we can contact you if there is an emergency.

**RETURN THIS FORM TO THE MANAGEMENT OR A BOARD MEMBER**

OWNER \_\_\_\_\_

OWNER \_\_\_\_\_

UNIT NO \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_

OTHER PHONES \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

July 2, 2010, The Florida Legislation enacted a new law governing the publication of owner personal information such as phone numbers, emails, and alternate addresses. Please indicate below if you do or do not want this information published in the annual owner roster (check one) and sign.

I do want this information published. \_\_\_\_\_ (YES/NO)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**IN CASE OF EMERGENCY**

Contact person \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

(Revised 05. 23.23)



# National Research Group

## BACKGROUND CHECKS



Applicant or Employee - 2019

01-01-19

APPLICANT'S or EMPLOYEE'S AUTHORIZATION for The National Research Group Inc.  
to Conduct Individual Background Searches and Verifications



### BACKGROUND INQUIRY RELEASE

I understand that an investigative background inquiry is to be made on myself, including but not limited to verifying identity and prior addresses, checking criminal, driving, and credit histories, verifying education, licensing, and prior employment, checking reason(s) for termination of prior employment, requesting work and other references, as well as checking and verifying other relevant information for employment purposes.

I understand that the information and reports developed may include information as to my character, work habits, job performance and experience, along with reasons for termination of past employment. I further understand that for purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate, private and other sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance, as well as other information.

I authorize, without reservation, any company, agency, party, or other source contacted to furnish the above information. I also hereby consent to the retrieval of the above information and I further understand that to aid in the proper identification of my files or records, I am willingly providing the following information, as well as any other information that may be required and/or requested at a later date.

**PLEASE PRINT CLEARLY**

> Include Maiden Name and/or Other Names Known By

FULL LEGAL NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ Dates: \_\_\_\_\_

CITY-STATE-ZIP: \_\_\_\_\_

PRIOR ADDRESS: \_\_\_\_\_ Dates: \_\_\_\_\_

CITY-STATE-ZIP: \_\_\_\_\_

Please Provide ADDITIONAL PRIOR RESIDENCE ADDRESSES For The **LAST 10 YEARS** - Include All Dates of Residence

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Please Use Reverse Side If Additional Space is Necessary

Please **SIGN**  
With Full Legal Name and Date:

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_