

**THE SAVOY ON PALM
CONDOMINIUM ASSOCIATION, INC.
401 S. Palm Ave.
Sarasota, FL 34236
PH: 941-951-2800 FAX: 941-952-1960**

APPLICATION TO PURCHASE

Please attach a check for \$200 payable to The Savoy on Palm Condominium Association

I hereby make an application to purchase unit No. _____ owned by _____

Proposed Closing Date _____

Names of Applicants _____

Telephone _____ E-Mail _____

Members of family who will be in residence _____

Pet(s) _____

In Case Of Emergency Notify:

Name	Address	Telephone Number
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Vehicle(s) on Property:

Year	Make/Model	Tag Number & State
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Year	Make/Model	Tag Number & State
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The undersigned have received a copy of the Association Documents, By-Laws, and the Rules and Regulations of The Savoy on Palm Condominium Association, Inc., and agree to abide by them.

Signed: _____ Date: _____
Buyer

Signed: _____ Date: _____
Buyer

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APPLICATION TO PURCHASE

This section to be completed by Owners of Unit: _____

We, the owners of Unit # _____ have agreed to sell our unit to:

Buyer's Name

Buyer's Name

Signed: _____ Date: _____
Seller

Signed: _____ Date: _____
Seller

ACTION BY BOARD OF DIRECTORS:

Approved: _____ Disapproved: _____

Signed: _____ Date: _____
Officer of The Savoy on Palm Condominium Association, Inc.

**IF THIS APPLICATION IS INCOMPLETE IT WILL BE
RETURNED TO THE APPROPRIATE PERSON**