

**THE SAVOY ON PALM CONDOMINIUM ASSOCIATION, INC.**

401 South 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

Vehicle(s) on Property:

_____	_____	_____
Year	Make/Model	Tag Number & State

_____	_____	_____
Year	Make/Model	Tag Number & State

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

**This section to be completed by Owners of Unit: \_\_\_\_\_**

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

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Buyer's Name

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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**