

THE COLONY @ WIGGINS BAY CONDOMINIUM ASSOCIATION  
670 WIGGINS BAY DR, NAPLES, FL 34110

APPLICATION FOR APPROVAL OF PURCHASE

UNIT ADDRESS: \_\_\_\_\_ UNIT OWNER: \_\_\_\_\_

I(WE) hereby apply for approval to purchase the above unit and for membership in the The Colony At Wiggins Bay Condominium association.

Applicants Name(s): \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Date of Birth and/or SS #: \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Auto(s)-Make, Model and License# \_\_\_\_\_

Name, Address and Telephone # of two(2) Character References:

\_\_\_\_\_  
\_\_\_\_\_

Bank References- Address \_\_\_\_\_

Telephone No: \_\_\_\_\_

Expected Closing Date: \_\_\_\_\_ Contact Name & Telephone # \_\_\_\_\_

Please return this application along with a copy of the sales contract and a \$100 check for a processing fee made to: The Colony At Wiggins Bay. The check should be mailed to the above address a minimum of 30 days prior to closing.

I (we) have read and agree to abide by the Declaration of Condominium, Articles of Incorporation, By-Laws of the Association, and the attached Rules & Regulations.

**IF YOU, FAMILY, OR A FREQUENT GUEST IS A SMOKER, PLEASE TAKE NOTICE OF ITEM #1 IN RULES AND REGULATIONS**

APPLICANTS SIGNATURE(S) \_\_\_\_\_ DATE \_\_\_\_\_

BOARD APPROVAL \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

*For UPS, Fed Ex, etc. or for items that require a signature Please Contact any Board Member*