**HARBOR VIEW AT THE MOORINGS ASSOCIATION, INC.**

c/o Elliott Merrill Community Management, Inc.

835 20th Place, Vero Beach, FL 32960

Phone: (772) 569-9853 Fax: (772) 569-4300

**APPLICATION FOR SALE**

***Please fill out application completely and legibly.***

Current Owner: Bldg. #: Apt. #:

Date of Closing:

Name of Applicant:

Name of Co-Applicant (if applicable):

Address:

City: State: Zip code:

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

Name(s) of Additional Occupant(s):

Emergency Contact Name & Phone Number:

Vehicle Information (make/model of vehicle, license tag # and state of license tag):

Vehicle #1:

Vehicle #2:

***\*\*Name of Entity Taking Title if not Applicant (important for issuance of Certificate of Approval – all info should be finalized when submitting for Association approval) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**I / WE HAVE READ AND UNDERSTAND THE HARBOR VIEW RULES AND REGULATION POLICY AND AGREE TO ABIDE BY THEM. BY SIGNING BELOW SIGNIFIES THAT I / WE HAVE BEEN PROVIDED A COPY OF THE RULES AND REGULATION POLICY.**

Owner / Agent Signature:

Approved By: Title:

Date: