

**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 \$150 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