

*The Lakes at the Savannahs Condominium*

c/o Bristol Management Services, Inc.  
543 NW Lake Whitney Place \* Suite 101  
Port St Lucie, Florida 34986  
772-323-2004 \* 772-878-1519 FAX

Lease Begins: \_\_\_\_\_

Lease Ends: \_\_\_\_\_

**Sales/Lease Application**

Name: \_\_\_\_\_ Present Phone #: \_\_\_\_\_

Property Address: \_\_\_\_\_ Occupancy Date: \_\_\_\_\_

Present Address: \_\_\_\_\_ How Long: \_\_\_\_\_ Rent: \_\_\_\_\_ Own: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Name of Agent Handling Purchase or Rental: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Telephone # \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ # of Children \_\_\_\_\_

Ages of Children \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WILL ANYONE OTHER THAN SPOUSE AND CHILDREN LISTED ABOVE RESIDE WITH YOU?

NO \_\_\_\_\_ IF YES \_\_\_\_\_ NAMES \_\_\_\_\_

DO YOU HAVE ANY PETS WHO WILL BE RESIDING IN THE UNIT?

IF SO, PLEASE USE ANIMAL REGISTRATION FORM.

PERSONAL REFERENCE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ VEHICLE YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

**I have received the rules and regulations and/or Declaration of Covenants of The Lakes at the Savannahs Condominium and hereby state that I understand them and will abide by them. Please attach a copy of the lease with this completed application and a check in the amount of \$100.00 made out to Lakes at the Savannahs Condominium Association, Inc.**

***SIGNATURE*** \_\_\_\_\_ ***DATE*** \_\_\_\_\_

**\*\*\*RENTERS CANNOT HAVE PETS\*\*\***

