

**APPLICATION FOR CONSENT TO TRANSFER  
PROPOSED PURCHASERS  
SEASCAPE CONDOMINIUM ASSOCIATION**

PLEASE SUBMIT APPLICATION ALONG WITH A COPY OF THE SALES CONTRACT TO THE FOLLOWING ADDRESS AS SOON AS POSSIBLE TO ALLOW TIME FOR PROCESSING IN TIME FOR CLOSING:

**ISLAND MANAGEMENT, PO BOX 100, SANIBEL, FL 33957 - PHONE: 239-472-5020 FAX: 239-472-9480**  
bonnie@islandmgmt.com

**\$250.00 Transfer/Estoppel Fee Payable in Advance to Island Management**

UNIT #:	APPLICATION DATE:
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APPLICATION INFORMATION:	
Name (As Title Will be Held):	
Primary Resident Address:	
Residence Phone: (    )	Business Phone: (    )
Cell Phone:	Email Address:
Employer:	Occupation:
Nature of Business:	
Anticipated Time in Residence Per Year:	
Rental Intentions:	

UNIT SALE INFORMATION:	
Purchase Price of Unit:	Furnished: Yes ___ No
Anticipated Closing Date:	Previous Owner (Seller):
Realtors:	
<b>SEND COMPLETED TRANSFER TO: (Closing Agent, Attorney, or Title Company)</b>	
NAME:	PHONE:
ADDRESS:	
<b>Submission of this form confirms that Purchaser has received a copy of the Association Documents and if a Condominium Association, a copy of the Questions &amp; Answers Sheet</b>	

Please indicate if any address, phone or email information SHOULD NOT be published in the Association's directory.