OAK RIDGE OF STUART HOA, INC.

P.O. BOX 1577 – Palm City, FL 34991

(772) 597-6887

866-342-2323 Fax

appliedconceptsmc@gmail.com

SALE/LEASE INFORMATION FORM

Lot #	Date		
Address	Sale	or Lease	
Name			
Name			
Mailing Address	Phone #		
If this is a purchase, do you intend to occupy	or rent		_ the home?
Names and ages of Children occupying the home.			
Occupants other than those listed above			
Employer Name & Address			
Spouse employer & Address			
Do you have any pets? If yes, please list	t type and weigh	t	
Please list the name and number of the person to contact	in case of an em	ergency	
May we list your home phone number in the community of	directory? Yes _	_ No _ Phon	ie #
By signing this application, I/we fully authorize investigati I/we, understand that Oak Ridge of Stuart HOA, Inc. is a received, reviewed and agree to abide by the Documents a Association. If the seller fails to provide a set of Document	deed restricted ond rules and reg	community and ulations govern	I/we have ing the

Association. If the seller fails to provide a set of Documents to the Buyer a copy will be provided for a fee of \$25.00. A clubhouse key and remotes should be provided by the seller. If not, remotes are available for \$39.00. New owners must contact management with their Oak Ridge phone number in order to be listed on the entrance directories.

 Signature
 Date

 Signature
 Date