

Lindsford Master Homeowners Association

c/o MAY Management Services
6017 Pine Ridge Rd. #262, Naples, FL 34119

PHASE 1 & 2 NEW OWNER APPLICATION

Address of property being purchased:

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. 1st Applicant _____
2. 2nd Applicant _____
3. Mailing Address _____
City _____ State _____ Zip Code _____
4. Home Phone _____ Work Phone _____
1st Mobile Phone _____ 2nd Mobile Number _____
5. 1st E-Mail _____
2nd E-Mail _____
6. Employed by _____ Position _____

7. Please state name, relationship and age of all other persons who will be living in the home.

NAME

RELATIONSHIP

AGE

_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Home Watch Company or Person to be notified in case of emergency with the Townhome:

Address _____ Phone _____

9. I (we) will provide the Association with a copy of our warranty deed within 10 days of closing.
10. I am aware of and agree to abide by the Declaration of Lindsford Master HOA, Inc. the Articles of Incorporation, By-Laws and any and all rules and regulations in effect within the terms of my (our) occupancy ownership. I acknowledge receipt of a copy of the Association rules.
11. All dogs must be leashed when on property and dog waste must be picked up.

Dated _____

Applicant Signature _____

Applicant Signature _____

A check for \$100.00, PAYABLE to MAY Management Services, must accompany this application, for the purpose of defraying costs of directory updating and other expenses related to the processing of this application.

MAY Management Services

Mailing Address: 6017 Pine Ridge Rd. #262, Naples, FL 34119

Physical Address: 11100 Bonita Beach Rd. SE #101, Bonita Springs, FL 34135

Office Number: (239)262-1396

Email: spalmer@maymgt.com

LINDSFORD MASTER ASSOCIATION, INC.
VEHICLE REGISTRATION for RFID DECALS

Homeowner/Tenant: _____ Address: _____ Email: _____

Vehicle 1: Make _____	Model _____	Year _____	Color _____	License Plate _____	Decal _____
Vehicle 2: Make _____	Model _____	Year _____	Color _____	License Plate _____	Decal _____
Vehicle 3: Make _____	Model _____	Year _____	Color _____	License Plate _____	Decal _____
Vehicle 4: Make _____	Model _____	Year _____	Color _____	License Plate _____	Decal _____

RFID Decals are \$ _____ each. PROX Cards are \$ _____ each. Please make checks payable to LINDSFORD MASTER ASSOCIATION

I agree that I am solely responsible for any and all vehicles entering the Lindsford premises using the above-noted RFID Decal numbers to access the entry gates. I further agree that I am liable to the Lindsford Master Association for any damage or liability caused as a result of the misuse, negligence, and/or intentional acts of my tenants, contractors, subcontractors, licensees, invitees, family members, and guests.

Signature _____ Date _____

Print Name _____

Tele-Entry Information:

Prox Cards

Name _____	Ph # _____	_____
Name _____	Ph # _____	_____
Name _____	Ph # _____	_____
Name _____	Ph # _____	_____

Additional Emails _____