Version: APR 2024



Rivendell Community Association

APPLICATION FOR PURCHASE AT RIVENDELL

Address of Property being purchased:	
Cell Phone #1: Email: #1:	:
Buyer Name #2:	Land Phone #2:
Cell Phone #2: Email: #2:	<u> </u>
Postal mailing Address (only if different than Rivendell address:	
Name of Real Estate Company /Agent and Phone: Anticipated Closing Date: I understand that I am moving into a deed restricted concentrated Rivendell Community Association Deed Restrictions, I and Sarasota County Ordinances, which include, but a Homes are for single family occupancy only; no core No commercial vehicles, trailers, boats, or recreation Children under 15 years of age must be accompanied Pets must be leashed when off your property, and you Rental restrictions apply. A \$500 Capital Contribution Fee is required at closied I have reviewed all Rivendell Covenants and Rules	ommunity. I agree to abide by the provisions of all Declaration of Protective Covenants, Standing Rules, re not limited to, the following: mmercial activity is allowed. onal vehicles may be parked in driveways overnight. ied by a responsible adult at the Rivendell community pool. you must clean up after them.
Signature(s) of Applicant(s) for Purchase	Date
RETURN COMPLETED APPLICATION TO: mmcleod@c	caseymanagement.com
Would you like your contact information published in t for the world to see. It is only for other Rivendell owner	

Publish Land Line #'s: _____ Publish Cell Phone #'s: ____ Publish Email Addresses: _____