WHISPERING PALMS HOMEOWNERS ASSOCIATION
REQUEST FOR ESTATE SALE

Please complete and return this application to the Treasurer or the Clubhouse Office.

Name_____

Address_____

Phone_____

Date of Sale_____

Hours of Sale_____

Company Conducting Sale_____

Parking: Parking can only be on one side of the street and signs **MUST** be posted. Emergency, service and resident vehicles **MUST** be able to get through on the streets at **ALL** times.

I/We hereby agree that I/We shall be responsible for any damage or loss sustained by the Whispering Palms Homeowners Association for this event.

I/We make no claim whatsoever for injuries against Whispering Palms Homeowners Association, its officers, agents or employees, arising out of or resulting from this event.

Applicant_____Date_____

Applicant_____ Date_____

Approved by Treasurer_____ Date_____