## RESALE PACKET REQUEST

## PLEASE PROVIDE THE FOLLOWING INFORMATION

Agency Name:			
Contact Name & I	Number:		
Date of Closing:			
Seller's Name:			
Association Name	e:		
Property Address	:		
Buyer's Name:			
Will Buyer be Occ	cupying Unit?		
If No, Provide Mai	iling Address:		
Buyer's Telephon	e Number:		
Please se	nd the first 4 pa	ages of the Agre	ement of Sale along
11000000		h your check.	
RESALE PACKET	& CERTIFICATE F	EES	
\$200.00	Resale Packet – Includes the required Resale Certificate for the unit, financial reports, and a complete copy of the most current Association Documents.		
\$75.00	Resale Certificate Only. (By selecting this option I'm confirming that the Seller will provide the Buyer will full set of current Association Documents)		
\$15.00	Priority USPS Shipping Address:		
\$0.00	Will Pickup at B.C. Property Management		
	ecarr605. The comple		operty Management, cash, or via ment information can be emailed,
For Office Use Only			
Date Received:	Check#	Amount: \$	Packet Due Date:
Signature at Time o	f Pick-up:		Date: