

# Disclosure Statement Request

Date requested: \_\_\_\_\_

\_\_\_\_\_ Resale Disclosure (\$250.00)

Sellers Name: \_\_\_\_\_

Association: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Where do we mail to if different from Sellers address:

\_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_ Paid

\_\_\_\_\_ Paying at time of pick up

\_\_\_\_\_ Completed

\_\_\_\_\_ Called for pick up

\_\_\_\_\_ Date called