

DATE:____

Resale Packet Request Information gathering form

te of request: R	Requestor's Name:
Packets will be made available within 10 business days from payment receipt Expedited Service (3 business days or less) is available for an additional \$50.00 fee	
NOTE Only request this packet once the Sales A required prior to closing, an administrative charge of	Agreement has been finalized -if an updated Statement of Account for the unit being sold is f \$55.00 applies. Resale Packet cost options
7 7 3	Picked up/Mailed: \$185.00 + \$0.05 per copy of each page
Make checks payable to:	Emailed: \$185.00 + \$10.00 flat fee (electronic cop Magee Property Management – if paying via check, to:
	Attn: RESALE REQUESTS 7 Cody Street West Hartford, CT 06110
1.) Association Name:	
	Unit #
3.) Present Owner(s)/Seller's Name:	
	(s):
6) New Buyer's Name	
,	
	Closing Date: 12.) Will the unit be owner occupied? YES NO
13.) Attorney/Agent Handling Sale:	
14.) Attorney/Agent Mailing Address:	
15.) Attorney/Agent Email Address:	
16.) Attorney/Agent Phone Number(s):	
17.) Resale Certificate Packet Delivery Method	I (SELECT ONE OPTION): ☐ PICKUP ☐ MAIL ☐ EMAIL
18.) Physical or Electronic Delivery Address: _	
19.) Signature of current owner:	Date:
MAGEE	OFFICE USE ONLY BELOW
_	As of (date): Monthly Condo Fee:
Current Balance on Unit's Account: \$	As of (date): UNIT STATEMENT ATTACHED
	or):
Package prepared by:	Date preparation completed:
Mailed by: (attach track Emailed by: (attach copy	of sent email hereto.)
PICKED UP IN PERSON RV: (Sign &)	Print)