

Resale Packet Request Information gathering form

Date of request: _____ Requestor's Name: _____

Packets will be made available within 10 business days from **payment receipt**
 Expedited Service (2 business days or less) is available for additional \$35.00 fee

No packets will be processed prior to receiving a payment

****NOTE**** Only request this packet once the Sale Agreement has been finalized -if an updated Statement of Account for the unit being sold is required prior to closing, an administrative charge of \$55.00 applies.

Resale Packet cost options:

Picked up/Mailed: \$125.00 + \$0.15 per copy of each page

Emailed: \$125.00 + \$10.00 flat fee (electronic copy)

Mailed Certified w Return Receipt: \$125.00 + \$0.15 per copy of each page + USPS applicable fees

Make checks payable to: Magee Property Management – if paying via check, mail with this form with to:
 Magee Property Management | Attn: RESALE REQUESTS | 7 Cody Street | West Hartford, CT 06110

1.) Association Name: _____

2.) Street Address: _____ Unit #: _____

3.) Present Owner(s)/Seller's Name: _____

4.) Present Owner(s)/Seller's **Email** Address: _____

5.) Present Owner(s)/Seller's Phone Number(s): _____

6.) New Buyer's Name: _____

7.) New Buyer's Current Mailing Address: _____

8.) New Buyer's **Email** Address: _____

9.) New Buyer's Current phone #: _____

10.) Sale Price: \$ _____ 11.) Expected 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 (SELECT ONE OPTION): PICKUP | MAIL | MAIL CERTIFIED | EMAIL

18.) Physical or Electronic Delivery Address: _____

19.) **ONLY IF APPLICABLE:** Certificate to be picked up by (Print) Name: _____

20.) Signature of current owner: _____ Date: _____

----- MAGEE OFFICE USE ONLY BELOW -----

Amount in Reserves: \$ _____ As of (date): _____ Monthly Condo Fee: _____

Current Balance on Unit's Account: \$ _____ As of (date): _____ UNIT STATEMENT ATTACHED

Special Assessment (how much & what for): _____

Package prepared by: _____ **Date preparation completed:** _____

Mailed by: _____ (attach tracking info hereto.)

Emailed by: _____ (attach copy of sent email hereto.)

PICKED UP IN PERSON BY: (Sign & Print) _____ DATE: _____