



Resale Packet Request info. gathering form

Date of request: _____ Requestor's Name: _____

1.) Association: _____

2.) Unit # _____ Street Address: _____

3.) Present Owner's Name: _____

4.) Phone Number(s): _____

5.) New Buyer's Name: _____

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

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

8.) Sales Price: \$ _____

9.) Expected Closing Date: _____

10.) Will the Unit be Owner Occupied? _____

11.) Attorney/ Agent Handling Sale: _____

12.) 9a.) Attorney/ Agent Contact info (phone # and address: _____

[] 10a.) Certificate to be **mailed** to: _____

OR [] 10b.) Certificate to be picked up by (Print) Name: _____

OR [] 10c.) Certificate to be emailed to: _____

Signature of current owner: _____ Date _____

The cost is \$125 if picked up, \$135 if emailed (electronic copy) or \$140 if sent via US Mail (sent registered- receipt)

No packets will be processed prior to receiving a payment.

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

Packets will be made available within 10 business days from payment receipt.

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

Amount in Reserves: _____ As of: _____

Condo Fee: _____ Balance _____ As of: _____

Special Assessment (how much & what for): _____

Package prepared by: _____ Package Reviewed by: _____

Mailed by: _____ (attach tracking info hereto.)

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

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