Request for Resale Packet

Twin Oaks Homeowners Association, Inc.

Sarver, PA | tohoa16055@gmail.com

Date of Request: _____

Lot Owner: _____

Lot Address: _____

Mobile Phone Number: _____

Email Address: _____

Projected Closing Date: _____

Delivery Address (If different): _____

Buyer Name: _____

In order to facilitate the sale of my Unit and pursuant to the provisions of The Title 68 (Real & Personal Property) as amended by Act 180 of 1996 of the Pennsylvania Consolidated Statutes, Section 5407, I hereby request that you furnish the Resale Packet for the Unit identified above.

I understand that the Resale Packet must be provided to me within ten (10) business days of the actual receipt of this request and that payment in full for the preparation of the Resale Packet must accompany this request.

I hereby certify that any improvements or alterations made to the Unit are not in violation of the Declaration, the Bylaws and any architectural guidelines adopted by the Association.

I hereby designate _____ to receive this certificate for resale on my behalf at the following address:

Real Estate Company: _____

Address: _____

Phone: _____

_____

Owner Signature

EMAIL OR MAIL THIS FORM TO:

Email: tohoa16055@gmail

Mail: Twin Oaks Homeowners Association, Inc., PO Box 107, Sarver, PA 16055