



Your Property Is Our Business



RESALE CERTIFICATE PACKAGE REQUEST

Date Requested: \_\_\_\_\_

Date Due: \_\_\_\_\_

Person requesting Resale Certificate: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit #: \_\_\_\_\_ Association Name: \_\_\_\_\_

Current Owner(s): \_\_\_\_\_

Legal Name of Buyer(s): \_\_\_\_\_

Anticipated Date of Closing: \_\_\_\_\_ Selling Price: \_\_\_\_\_

Seller's Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Will buyer occupy the unit? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please provide mailing address: \_\_\_\_\_

Who will pick up the package? \_\_\_\_\_ Phone: \_\_\_\_\_

\*Mail package to: \_\_\_\_\_ Date mailed: \_\_\_\_\_

\_\_\_\_\_ Mailed by: \_\_\_\_\_

PLEASE MAIL PAYMENT TO: (WE DO NOT ACCEPT CREDIT CARD PAYMENTS)

SUMMIT PROPERTY MANAGEMENT LLC
67 W Main St, Unit 112
Clinton, CT 06413

NOTE: We will not initiate your request of a resale packet until both the written request and the payment (\$150) is received.

\*Rush Service: \$10.00 (Requests processed and ready within 5 days).

\*Additional Fee to Mail Package: \$20.00