

Cambridge Community Management, LLC

2509 Valley Avenue
Winchester, VA 22601

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RE-SALE DISCLOSURE PACKAGE ORDER FORM

- Pickup \$160.00** *Allow 14 Days for processing – picked up in our office
- Electronic \$125.00** *Allow 14 Days for processing – **Email address:** _____
- Mailed \$160.00** plus applicable mailing fees *Allow 14 Days for delivery ** **contact Cambridge to ensure service is available**
- Add RUSH PROCESSING \$50.00** (Within 5 business days - ** **Must contact Cambridge to ensure service is available**)
- Transfer Fee \$50.00** * (not optional and is charged to the Buyer)
- Cap Fee for new construction**
- Inspection Fee of \$100.00** *(not optional)

Total Fees Above: \$ _____

Payment Information: (Choose one) At time of Settlement _____ In Person _____

**Note: If payment is not collected at time of settlement then the undersigned WILL be responsible for final payment if not paid within 90 days of order.*

ASSOCIATION: _____ **PROPERTY ADDRESS:** _____

SELLER'S NAME/CONTACT NUMBER: _____

SELLER'S AGENT NAME/NUMBER: _____

BUYER'S NAME AND PHONE NUMBER: _____

BUYER'S AGENT NAME/NUMBER: _____

ALL SETTLEMENT AGENCIES NAMES/NUMBERS _____

SETTLEMENT DATE: _____

As owner or Agent for Owner of above property, I hereby request a resale disclosure package in accordance with The Virginia Property Owner's Association Act. I understand that in accordance with same the allowable time frame is fourteen (14) days for preparation and delivery of resale disclosure package. Process begins upon receipt of **fully completed** written request (no missing information). I also understand and agree that if payment is to be made at settlement and settlement does not occur within 90 days the owner of the property or his/her agent below will be liable for the above charges.

Requested by: _____ **Date:** _____

Please know that failure to provide all info above could lead to delay in delivery of package – information is vital to ensure proper transfer of property and recordkeeping.

OFFICE USE ONLY: Method of Delivery
Pick Up/Mailed/Emailed

Delivery Signature: _____

Date of delivery: _____

Printed Name: _____