

REQUEST FOR RESALE CERTIFICATE

DATE: _____

REQUESTED BY: _____ OFFICE _____

PHONE NUMBER: (WORK) _____ (HOME) _____

ESTIMATED CLOSING DATE: _____

ASSOCIATION: _____ ADDRESS: _____

LOT: _____ BLOCK: _____ SELLERS NAME: _____

REQUEST RECEIVED BY: _____ DATE: _____

CERTIFICATE PREPARED BY: _____ DATE: _____

REQUESTEE NOTIFIED BY: _____ DATE: _____

METHOD: PHONE _____ EMAIL _____ LEFT MESSAGE DATE: _____

ACKNOWLEDGEMENT OF RECEIPT OF RESALE CERTIFICATE

RECEIVED BY: _____ DATE: _____

PLEASE PRINT NAME: _____

For office use:

PAYMENT AT TIME OF PICK UP: YES _____ NO _____

RECEIVED RESALE CERTIFICATE PAYMENT CHECK FROM TITLE COMPANY: YES _____ NO _____