

HOMEOWNER RESALE PACKET REQUEST

This information is required by section 55-509.6e of the Virginia Property Owners Association Act (POA)

Address of Property Being Sold: _____

Settlement Date: _____

Name of Purchaser: _____

Neighborhood: _____ Account #: _____

Section/Lot #: _____ Pipestem: Yes _____ No _____

With my Signature below, I give permission for the Foundation to provide the necessary information to the Settlement Attorney or Title Company. I understand that there is a \$70.00 fee for furnishing this information. I further agree that my property may be inspected for compliance with the covenants and hereby waive the three (3) day written notice of inspection as stated in the Declaration of Covenants. **I also understand the Foundation has fourteen (14) days to prepare the resale packet for my receipt.**

The resale packet is valid for one year from today's date.

(1) **Signature of Owner:** _____ **Date:** _____

A check for \$70.00 made payable to Franklin Farm Foundation must be attached

(2) **Owner Name:** _____

Address: _____

Phone: Home: _____ Office: _____

(3) **Realtor:** _____

Address: _____

Phone: _____

(4) **Settlement Attorney/Title Company:** _____

Address: _____

Phone: _____ **Fax:** _____

(5) **Delivery** (*check one*)

_____ **The resale packet will be picked up by** (please check one): **Owner** _____ ***Realtor** _____
(* Owner authorization is necessary if Realtor is to pick up packet)

_____ **The resale packet will be sent electronically.** List recipient's name and e-mail address below.

For Office Use Only

Date Received: _____ **Check#:** _____ **Amount:** \$ _____ **Packet Due Date:** _____

Signature at Time of Pickup: _____ **Date:** _____ **Date e-mailed:** _____