

PLAZA REALTY & MANAGEMENT CORPORATION

1010 HOPE STREET- 2ND FL, P.O. BOX 17010, STAMFORD, CT 06907*203-359-4611**FAX 203-356-9741

RESALE REQUEST FORM

UNIT #: _____ NAME OF COMPLEX: _____

Selling Price: _____ Complex Address: _____

Garage: Y/N: _____ Parking Space: Y/N: _____ Type of Unit: _____
Garage # _____ Space # _____ Studio/1BR/2BR/3BR

SELLER'S NAME/S: _____

SELLER'S ATTORNEY: _____

ATTORNEY'S ADDRESS: _____

ATTORNEY'S PHONE & FAX: _____

SELLER'S ATTORNEY'S EMAIL: _____

BUYER'S NAME/S/EMAIL: _____

BUYER'S ATTORNEY: _____

ATTORNEY'S ADDRESS: _____

ATTORNEY'S PHONE & FAX: _____

BUYER'S ATTORNEY'S EMAIL: _____

APPROX. CLOSING DATE: _____

Please return along with payment of \$185.00 + \$10.00 for electronic delivery

Payable to: Plaza Realty & Management Corp.

For your convenience we accept payments via VENMO

Link: www.venmo.com/Plazarealtymgmt or through user name: @plazarealtymgmt

Last 4 digits of Plaza phone for confirmation: 0668

Please choose **ONE** of the following options:

_____ Email: Resale documents to: _____
Email Address

_____ Mail: Resale documents to: _____ Seller's Attorney _____ Buyer's Attorney

The resale package will be ready within ten (10) business days from the date the form and payment are received by our office.

PAYMENT MUST BE RECEIVED PRIOR TO RELEASING THE RESALE.

*****THERE WILL BE NO EXCEPTIONS TO THIS RULE*****