

PLAZA REALTY & MANAGEMENT CORPORATION

1010 HOPE STREET- 2ND FL, P.O. BOX 17010, STAMFORD, CT 06907*203-359-4611*800-321-7762 CT*FAX 203-356-9741

TO: _____ FAX: _____ PHONE: _____

RESALE REQUIREMENTS

Indicate if you are paying your common charges electronically yes: ___no: ___
(↑ PLEASE ANSWER QUESTION ABOVE-VERY IMPORTANT ↑)

UNIT #: _____ NAME OF COMPLEX: _____

Selling Price: _____ Complex Address: _____

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

SELLERS NAME/S: _____

SELLERS ATTORNEY: _____

ATTORNEYS ADDRESS: _____

ATTORNEYS PHONE & FAX: _____

BUYERS NAME/S: _____

BUYER'S PHONE # _____

BUYERS ATTORNEY: _____

ATTORNEYS ADDRESS: _____

ATTORNEYS PHONE & FAX: _____

APPROX. CLOSING DATE: _____

Broker Name: _____ Phone: _____

When package is available contact: _____ Phone: _____

Deliver by Mail / Pick-up by whom: _____ Phone: _____

Please return by mail or hand-deliver along with \$125.00 (\$100 Preparation Fee and \$25 Copying & Postage Fee) payable to Plaza Realty & Management Corp. in accordance with Connecticut Law. The resale package will be ready within ten (10) business days from the date the form and check are received in our office. Please Print.

PLEASE DO NOT FAX SHEET BACK UNLESS \$125 CHECK WAS
PREVIOUSLY FORWARDED TO OUR OFFICE
*****THERE WILL BE NO EXCEPTIONS TO THIS RULE*****