

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

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: _____

Please return by mail or hand-deliver along with \$125.00 (per State of CT) payable to Plaza Realty & Management Corp.

Please Choose ONE of the following options:

_____ Email resale documents to: _____
Email address

_____ Mail resale documents to: _____ Seller's lawyer _____ Buyer's lawyer

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

**PLEASE DO NOT FAX SHEET BACK UNLESS \$125 CHECK WAS
PREVIOUSLY FORWARDED TO OUR OFFICE**

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