

Resale Disclosure Package Order Form

I, the Seller () or authorized Agent () am requesting the Virginia Property Owners' Association Act Disclosure Packet for the property at: _____

- If this property is a condominium unit, this lot is subject to two declarations (two assessments) you must contact Community Group @ 757-499-2200 to order their condominium Resale Disclosure Package as well.
- Please ensure the processing time selected allows the purchaser 3 days to review the Resale Disclosure Package prior to the closing date, as stated in the Property Owner's Association Act.
- Resale Disclosure Package is only available as hard copy, no electronic package version is available and MUST be picked up by an authorized agent.

Please check one below:

- () Standard Processing 14 business days, package costs \$250.00 includes PUD Package and CCR Inspection
- () Rush Processing 7 business days, package cost \$300.00 includes PUD Package and CCR Inspection
- () Resale Certificate Update processing 10 business days, cost \$50 (If Resale Disclosure Package is less than 12 months)
- () If a re-inspection is requested by either party to update the Clearance Letter, there will be a \$100 fee for this service.
- () If your Resale Disclosure Package is more than 12 months old, you will need to request a new package.

Seller's Name: _____

Buyer's Name: _____

Listing Agent: _____

Buyer's Agent: _____

Email: _____

Email: _____

Phone#: _____

Phone#: _____

Scheduled Closing Date: _____

Closing Attorney or Settlement Agent: _____

Settlement Agent Phone #: _____

Settlement Agent Email: _____

Name of authorized person picking up package: _____

Will this property be a rental? () NO () YES If so, please provide new owners mailing address:

Fees for this packet must be paid at closing. If closing does not occur within 60 days of delivery or prepared packet is not picked up, the costs will be assessed against the account of the property address and may be collected as an assessment in accordance with the Code of Virginia. By submitting this form, you are granting permission for our property inspector to enter your property to complete the Clearance Letter that is required for your package.

All of the information requested must be provided to accurately process your request.

Print Name: _____

Phone #: _____

Signature: _____

Date: _____

FAX FORM TO (757) 463-5266 OR EMAIL TO: ADMIN@CHIMNEY-HILL.NET

CHCA STAFF ONLY

Date Received: _____

Employee Signature: _____