

RELEASE FORM

ASSOCIATION _____

UNIT# _____

*****PLEASE DO NOT RETURN UNTIL ALL INFORMATION IS COMPLETED.**

ADDRESS: _____

**IS ACCOUNT CURRENTLY ON DIRECT DEBIT PROGRAM(circle one)? YES NO

SELLER: _____

SELLER'S NEW ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SELLER'S PHONE # (HOME): _____ (WORK) _____

BUYER: _____

BUYER'S CURRENT ADDRESS: _____

BUYER'S PHONE # (HOME): _____ (WORK) _____

CLOSING DATE: _____

SELLER'S ATTORNEY: _____ FAX # _____

ADDRESS: _____ PHONE # _____

CITY: _____ STATE: _____ ZIP: _____

SELLER'S REALTOR: _____ PHONE #: _____

FOR OFFICE USE ONLY

VIOLATIONS CLOSED _____

DIRECT DEBIT UNACTIVATED _____

UNIT TRANSFERRED _____

RENTER'S DELETED IF NECESSARY _____

CURRENT BALANCE TO BE TRANSFERRED _____