

REQUEST FOR CERTIFICATE OF RESALE
FARMINGTON WOODS MASTER ASSOCIATION, INC
200 Byron Drive, Avon, CT 06001 Phone: 860 673-6193, Fax: 860 675-6156

The information below is required for a Certificate of Resale. **THIS COMPLETED FORM, A COPY OF THE SALES CONTRACT AND A CHECK FOR \$185 MADE PAYABLE TO F.W.M.A. is required before the Master Association will begin the Resale package.**

PROPERTY ADDRESS: _____

SELLER'S NAME(S): _____

SELLER'S FORWARDING ADDRESS: _____

SELLER'S CONTACT INFO: HOME: _____ CELL: _____

EMAIL: _____

SELLER'S SALES AGENT: (Name, Real Estate Company, Phone & Email): _____

SELLER'S ATTORNEY CONTACT INFO: _____

PURCHASER'S NAME(S): _____

PURCHASER'S CURRENT ADDRESS: _____

PURCHASER'S CONTACT INFO: HOME: _____ CELL: _____

EMAIL: _____

PURCHASER'S SALES AGENT: (Name, Real Estate Company, Phone & Email): _____

PURCHASER'S MORTGAGE COMPANY: _____

ANTICIPATED CLOSING DATE: _____

CONTRACTED SALES PRICE: _____

It is understood that the seller must provide the purchaser copies of the Association's Declaration and Bylaws. The GOVERNING DOCUMENTS are part of the Certificate of Resale which will be furnished and provided.

Originals to be picked up at: FARMINGTON WOODS MASTER ASSOCIATION, 200 Byron Drive, Avon, CT 06001

WHO SHOULD WE CONTACT WHEN THE CERTIFICATE OF RESALE IS READY TO BE PICKED UP?

NAME: _____ PHONE: _____

SIGNATURE OF SELLER OR AGENT FOR SELLER

DATE

The undersigned hereby acknowledges receipt of a Resale Certificate from the Farmington Woods Master Association.

UNIT OWNER/AGENT

DATE