

Paid:	\$ _____
Check #:	_____
Date:	_____

Resale Package Request Form

Date: _____

Resale packages take five to seven business days to complete. The charge for this package is \$125.00 to be paid when the order is submitted.

Seller's Name(s): _____

Ordered by (if different than seller): _____

Unit Address: _____ Unit#: _____

Paid: Check ____ Cash ____

Name and phone number of person to contact when package is ready:

Name: _____ Phone: (____) _____

Please sign here when package is picked up: _____

Important Reminders/Notes:

Access to the Unit: Access to the unit within the next five business days is required to perform a resale inspection. In order to coordinate access, please read the following:

Check one: Is the unit:

Owner-occupied?: () Please note that the inspection will be performed as the workload permits.

No additional notice is given by management.

Tenant-occupied?: () The owner/agent is responsible for notifying tenants of the inspection.

No additional notice is given by management.

Vacant?: () No further action is required for access.

NOTE: Owner/Agent agrees to the above access and responsibility for notification. If access is not achieved due to incomplete keys or tenants refusing access, a ½ labor charge (\$22.00) must be paid before the resale package will be released. _____ Initial

Direct Debit Participants: DO NOT FORGET to cancel your direct debit in writing through the management office when you sell your unit. Direct debits are processed three banking days prior to the first of each month.

In-Unit Service Program Members: Maintenance work takes at least two weeks to complete. If settlement occurs before the work is completed, the cost of repairs will be estimated and collected in escrow. If work must be completed in a shorter time period, we suggest that you hire an outside contractor.

Storage Room Items: Upon sale of the unit, the seller's items must be removed from the storage room. Items left behind in the storage room will be discarded without notification.

Office use: C.F. _____ Paid thru: _____ In-Unit: _____

Parkside Condominium, 10520 Montrose Ave., Bethesda, MD 20814
Office: 301-493-5100 Fax: 301-493-5031