

DISCLOSURE PACKAGE REQUEST FORM

Account # _____

1) Requested By: _____ of _____

Phone: _____

Village _____ Lot # _____

Physical Address: _____

Seller: _____

*****NOTICE HAS BEEN GIVEN THAT D. P. IS ONLY GOOD FOR 30 DAYS. INITIAL** _____

*****Office Use Only*****

Pick Up Date: The **Afternoon** of _____ M T W R F

Order Taken By: _____ Date: _____

Payment Received: Amount \$ _____ Check # _____ Rush order _____

2) VCKOA (Reserve Balance) _____ as of: _____

Sub-Assoc. (Reserve Balance) _____ as of: _____

Past Due Assessments: _____

Current: Yes No Paid Thru: _____

Current Loan: _____

Verified by: _____ Date: _____

4) VIOLATIONS: None Violation _____

Inspection Done By: _____ Date: _____

5) PREPARED BY: _____ Date: _____

DIRECTOR SIGNED ON DATE: _____