



Release of Owner Records Authorization Form

I hereby authorize the following **Real Estate/Title Company** and its agents, employees and/or designated representatives to obtain information relative to my account. Including my account balance/breakdown and other information required to complete the sale or transfer of my property:

Release Records to: _____

(Name of Agent, employee, or representative)

Telephone Number: _____

Owner(s) Name: _____

Section/Lot #: _____

Street Name: _____

Telephone Number: _____

Purpose of Disclosure: _____

Anticipated date of closing: _____

Indicate which request:

Resale Certificate Request - \$250.00 (Electronic Copy)
Please provide email address: _____

Resale Certificate Request - \$260.00 (Hard Copy)

I/We understand that there is a \$250 charge for this certificate if it is submitted electronically and \$260 if a hard copy is requested. This charge will be added to the seller's account immediately and considered as part of the account balance as of the date issued.

I/We also understand that along with any payment due, upon closing it is our duty to provide the Association Office with a copy of the Deed for the purchaser as well as a completed and signed copy of "Exhibit 1" of the Certificate.

Owner Signature: _____

DATE

**PLEASE FAX REQUEST TO (570) 420-7881 OR EMAIL TO:
yvonne@preferredmanagement.org**