

RESALE CERTIFICATE REQUEST FORM

| Date: | | |
|--|--|---------------------------------|
| To Whom It May Concern: | | |
| | es \$375.00 to prepare a Resale Certificat Properties, Inc. and mailed to the above | |
| Community Name: | | |
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| | | |
| Requestor's Phone Number | ·· | |
| Requestor's Email Address | : | |
| • | the Resale Certificate once payment and the requestor within 5 business days o | |
| If you prefer the Resale Certif here: | icate be mailed, please provide the recip | ient's name and mailing address |
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Should you have any questions, please feel free to contact our office by calling 832-593-7300 09/17/24