



**Condo Disclosure Package Request Form**

Date Requested: \_\_\_\_\_ Lot: \_\_\_\_\_ Section: \_\_\_\_\_

Property Type:    Lakeside                      Amberlea                      Town Center

Property Address: \_\_\_\_\_

Property Owners: \_\_\_\_\_

Requested by:    Company Name: \_\_\_\_\_  
                            Contact Name: \_\_\_\_\_  
                            Address: \_\_\_\_\_  
                            Phone #: \_\_\_\_\_  
                            FAX #: \_\_\_\_\_  
                            Email: \_\_\_\_\_

Settlement                      Company Name: \_\_\_\_\_  
Company:                      Address: \_\_\_\_\_  
**(Required)**                      Phone#: \_\_\_\_\_  
                            FAX #: \_\_\_\_\_  
                            Email: \_\_\_\_\_

**Electronic Package Options**

Paid up front  
 Paid at closing

**Hardcopy Package Options**

Paid up front  
 Paid at closing

**\$50.00                      Total Payment Due**

NOTE: You will need to contact your condo management company for the additional applicable package.

*Please fax to (703) 327-6116 or email to townhall@southriding.net*