



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