

# PLAZA REALTY & MANAGEMENT CORPORATION

1010 HOPE STREET- 2<sup>ND</sup> FL, P.O. BOX 17010, STAMFORD, CT 06907\*203-359-4611\*800-321-7762 CT\*FAX 203-356-9741

TO: \_\_\_\_\_ FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_

## RESALE REQUIREMENTS

Indicate if you are paying your common charges electronically yes:\_\_\_no:\_\_\_  
(↑ PLEASE ANSWER QUESTION ABOVE-VERY IMPORTANT↑)

UNIT #: \_\_\_\_\_ NAME OF COMPLEX: \_\_\_\_\_

Selling Price: \_\_\_\_\_ Complex Address: \_\_\_\_\_

Garage: Y/N \_\_\_\_\_ Parking Space: Y/N \_\_\_\_\_ Type of Unit: \_\_\_\_\_  
Garage # \_\_\_\_\_ Space # \_\_\_\_\_ Studio/1BR/2BR/3BR

SELLER'S NAME/S: \_\_\_\_\_

SELLER'S ATTORNEY: \_\_\_\_\_

ATTORNEY'S ADDRESS: \_\_\_\_\_

ATTORNEY'S PHONE & FAX: \_\_\_\_\_

BUYER'S NAME/S: \_\_\_\_\_

BUYER'S ATTORNEY: \_\_\_\_\_

ATTORNEY'S ADDRESS: \_\_\_\_\_

ATTORNEY'S PHONE & FAX: \_\_\_\_\_

APPROX. CLOSING DATE: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

When package is available contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Deliver by Mail / Pick-up by whom: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return by mail or hand-deliver along with \$125.00 (\$100 Preparation Fee and \$25 Copying & Postage Fee) payable to Plaza Realty & Management Corp. in accordance with Connecticut Law. The resale package will be ready within ten (10) business days from the date the form and check are received in our office. Please Print.

**PLEASE DO NOT FAX SHEET BACK UNLESS \$125 CHECK WAS  
PREVIOUSLY FORWARDED TO OUR OFFICE  
\*\*\*THERE WILL BE NO EXCEPTIONS TO THIS RULE\*\*\***