

SWAN POINT at LAKE ELKHORN
c/o WP&M Real Estate Group, LLC
7 Gwynns Mill Court, Suite F
Owings Mills, MD 21117
443-796-7400 FAX 443-796-7188

REQUEST FOR RESALE PACKET

\$175

10 Business Days _____

***Swan Point Only: Please include an additional \$25 certified check made out to Swan Point at Lake Elkhorn for their on-site inspection.

I, the undersigned request a resale packet be prepared for the following property. I also understand that the property will be inspected for any architectural violations.

ADDRESS OF UNIT FOR RESALE REQUEST: _____

ASSOCIATION NAME: _____

DEEDED OWNERS NAME(S): _____

BUYERS NAME (IF KNOWN): _____

ANTICIPATED SETTLEMENT DATE: _____

SELLER'S REAL ESTATE AGENT: _____

AGENT'S PHONE NUMBER: _____

PHONE NUMBER WHERE I CAN BE REACHED: _____

PLEASE MAIL THE PACKET TO: _____ OR CALL FOR PICKUP:
(Note: Packets are mailed via Certified Mail).

Name: _____

Name: _____

Address: _____

Phone Number: _____

***CERTIFIED CHECK OR MONEY ORDER MUST BE INCLUDED WITH
REQUEST FORM!***

Please make checks payable to WP&M Real Estate Group.

Signature _____ Date: _____