



**Palmer**  
Property Management

3190 Whitney Avenue  
Building 4  
Hamden, CT 06518  
203.288.8448 tel  
203.288.9964 fax

To: \_\_\_\_\_ From: \_\_\_\_\_

Attn: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: 203 288 8448

Fax: 203 288 9964

Fax: \_\_\_\_\_

Regarding: \_\_\_\_\_ Unit # \_\_\_\_\_

Attached is a Resale request form Please fill out all the information and return our office. Information is not taken over the phone. We must have your request in writing. Your completed request can be faxed or mailed to our office.

Starting from the date I receive all the written information, I have ten {10} business days to prepare the Resale Certificate and, if needed, the documents.

Total Price for the resale Package is:  
\$ 185.00 with documents or  
\$ 115.00 without documents  
\$ 10.00 extra for a rushed service {3 days}

The resale package will not be processed until payment is received. Credit and Debit cards are not accepted cash or check only. Please make your check payable to:

Palmer Property Management  
3190 Whitney Ave. #4  
Hamden, Ct 06518

If you should have any questions, please feel free to call me at our main office:  
Leshea Wilson Office Manager  
{203} 288-8448 ext: 106

Thank you,

Resale Form

Form filled out by: \_\_\_\_\_ Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Condominium Name: \_\_\_\_\_ Unit # \_\_\_\_\_  
Sellers Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Anticipated Closing Date: \_\_\_\_\_ Selling Price: \_\_\_\_\_

Attorney for Seller: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Buyers Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attorney for Buyer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax: \_\_\_\_\_

Buyer's Mortgage Holder {if known} \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Buyer's Realtor: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Please check one of the following on each line:  
To be lived in by new owner \_\_\_ or to be investor owned \_\_\_  
Need Certificate & Documents \_\_\_ or only Resale Certificate \_\_\_

CONTACT NUMBER AND NAME OF PERSON WHO WILL BE PICKING UP  
RESALE WHEN READY: \_\_\_\_\_