

TRANSFER OF OWNERSHIP / REQUEST FOR INFORMATION FORM

Scan to: Prestige Management Group, Inc.
Email: closings@prestigemanagement.biz
Phone: 336-378-1778

Date: _____ Time: _____

Firm: _____ Phone: _____

Email: _____ Closing Date: _____

PROPERTY INFORMATION

ASSOCIATION NAME: _____

PROPERTY ADDRESS: _____

SELLER(S): _____

BUYER(S): _____

Buyers Email Address for New Owner info packet: _____

I understand that the information being requested is to provide as a service to facilitate a sale of the above listed property. I hereby agree to collect and remit **\$200.00 processing fee** and I will enclose a copy of the warranty deed to the management company with any monies collected.

Please make check payable to: Prestige Management Group, Inc.
PO Box 19127
Greensboro, NC 27419

Signature: _____ Date: _____

FOR PMG OFFICE USE ONLY

Dues Assessment Amount: \$ _____ Frequency: Monthly Quarterly Annually

Current Balance of Account: \$ _____ Balance Valid Through Date _____

Account is: (Circle One) Current Past Due Pre-paid (if prepaid buyer must reimburse seller at closing)

Account paid through/for period of: _____

Current Special Assessments due in full from Seller at closing: \$ _____

Please make Dues payment payable to: _____

Processing Fee: \$200

Please make a separate check payable to Prestige Management Group

Thank you!