

# HALSTEAD GLEN CLUSTER ASSOCIATION- DISCLOSURE PACKET REQUEST FORM

E-mail to: Lisa@SpectrumPropertyMGT.com

Mail this form to:

Halstead Glen Cluster

-OR-

c/o Spectrum Property Management

PO BOX 1562

Great Falls, VA 22066

**Build and send a Disclosure Package for the referenced property below:**

Settlement Date: \_\_\_\_\_ Seller's Realtor: \_\_\_\_\_

**SELECT YOUR ORDER**

Property Inspection (required)

**AND**

Full Resale Disclosure Packet

Resale Disclosure Update (only to update Full Packet orders processed within the last 12 months)

Please expedite (5 business days)

Seller (Owner) Requesting Packet: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Delivery Options (check one):  Electronic (E-mail)  Hard copy pick-up  Hard copy US mail (provide a mailing address below):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Preparation Fees-** Payable to Spectrum Property Management

**\$140 Property Inspection (required)**

**\$176 Resale Disclosure Documents (electronic)**

**\$211 Resale Disclosure Documents (paper)**

**\$70 Resale Disclosure Update**

**\$70 Expedited Fee (7 days)**

*I acknowledge and understand that the resale disclosure is being provided as a service and as such, payment must be made regardless of whether or not the sale of the property is completed. I acknowledge that if payment is not made by the seller at closing sooner than 60 days from the date of this request, the seller (unit owner) will promptly provide payment 60 days from the date of the delivery of the documents. If payment is not made, the unit will be charged for all cost and fees associated with the delivery of the resale disclosure and collected as any other assessment.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Seller or Authorized Agent