

# HALSTEAD GLEN CLUSTER ASSOCIATION- RESALE CERTIFICATE REQUEST FORM

E-mail to: Lisa@SpectrumPropertyMGT.com

Mail this form to:

Halstead Glen Cluster Association  
c/o Spectrum Property Management  
PO BOX 1562  
Great Falls, VA 22066

-OR-

**Build and send a Resale Certificate for the referenced property below:**

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

**SELECT YOUR ORDER**

Property Inspection (required)

**AND**

Full Resale Certificate

Resale Certificate Update (only to update Full Certificate 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 Certificate Documents (electronic)**

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

**\$70 Resale Certificate Update**

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

**Payment can be made with card over the phone or by mailing a check.**

*I acknowledge and understand that payment is due at the time of ordering the documents. I authorize and direct the release of any information regarding my account and lot/unit file. I authorize the association and/or management to come onto my property without prior notice for the purpose of inspection.*

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

\_\_\_\_\_  
Date

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