

**CAMCO MANAGEMENT COMPANY**

501 Office Center Drive, Suite 220

Fort Washington, PA 19034

P: 215-942-6621

F: 866-362-5821

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**RESALE PACKAGE REQUEST FORM**

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Date Submitted: \_\_\_\_\_

Date Required: \_\_\_\_\_

Requested By: \_\_\_\_\_

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

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

**DOCUMENT DELIVERY TO:**

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

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

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

Property Street Number & Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SELLER INFORMATION:**

Seller's Full Name: \_\_\_\_\_

Co-Seller's Full Name: \_\_\_\_\_

Seller's Address (if different than Unit Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Seller's Phone: \_\_\_\_\_ Sellers's Fax: \_\_\_\_\_

Seller's E-Mail: \_\_\_\_\_

**BUYER INFORMATION:**

Buyer's Full Name: \_\_\_\_\_

Co-Buyer's Full Name: \_\_\_\_\_

Buyer's Address (if different than Unit Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Buyer's Phone: \_\_\_\_\_ Buyer's Fax: \_\_\_\_\_

Buyer's E-Mail: \_\_\_\_\_

**PURCHASE INFORMATION:**

Expected Settlement Date: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Title Company Name: \_\_\_\_\_

Title Company Phone: \_\_\_\_\_ Title Company Fax: \_\_\_\_\_

Title Company E-Mail: \_\_\_\_\_

**PAYMENT IN FULL IS REQUIRED FOR US TO PROCESS RESALE PACKAGE REQUESTS**

The processing fee for this property is: ..... \$200.00

Please make check payable to: CAMCO MANAGEMENT COMPANY and send to:

CAMCO MANAGEMENT COMPANY  
501 OFFICE CENTER DRIVE, SUITE 220  
FORT WASHINGTON, PA 19034

Please note that completion of resale certificates usually takes 3-5 business days and will be sent U.S.P.S priority mail. If you require an expedited resale certificate please contact us about additional service charges and availability.

Please contact CAMCO MANAGEMET COMPANY  
[www.camcomgmt.com](http://www.camcomgmt.com) / P: 215-942-6621