

**Office Only**

Total Assessmt owed \$ _____

Sent for signature _____

Rec'd Closing Ltr _____

Master Database _____

Date: _____

CLOSING LETTER REQUEST BY SELLER / PROPERTY OWNER

Existing Property Address _____

OR

LOT ID : BLOCK _____ LOT # _____ Street Name _____

Buyer's Name: _____ Spouse/Partner: _____

Buyer's Mailing Address, if different from Waterfall Address*Collection of this information will not be used to contact Buyer.
It is simply used for entry through the Security Gate at Waterfall.*

Street: _____

City: _____ State: _____ Zip: _____

Cell: _____ Spouse/Partner Cell: _____

Email: _____

Spouse/Partner Email: _____

Buyer's Agent : _____ Cell: _____

Closing Attorney : _____

Contact Person: _____ Phone: _____

Email: _____

Closing Date: _____

Top and bottom portion must be fully completed before submitting Request for Closing Letter. Select SUBMIT & Request will be electronically submitted to the POA Waterfall at Lake Burton, WaterfallLakeBurtonPOA@gmail.com. A digital file is requested so we can be sure we are reading the information correctly, as sometimes handwriting is not legible to everyone. NO CLOSING LETTER CAN BE ISSUED WITHOUT THE RECEIPT OF THIS FORM.

Request for a Closing Letter

Seller(s) Name: _____

Closing Letter to be Emailed to:

Email Address : _____