

FARMINGTON WOODS MASTER ASSOCIATION, INC.
P.O. Box 279, Unionville, Connecticut 06001

*****REQUEST FOR CERTIFICATE OF RESALE*****

The information below is required for a Certificate of Resale. THIS COMPLETED FORM, TOGETHER WITH A CHECK FOR \$25.00 MADE PAYABLE TO F.W.M.A., INC. BEFORE A REQUEST CAN BE PROCESSED. PLEASE NOTE THAT NO REQUESTS FOR CERTIFICATES OF RESALE CAN BE PROCESSED UNTIL THIS COMPLETED FORM AND A CHECK FOR \$25.00 HAVE BEEN RECEIVED BY F.W.M.A., INC..

Farmington Woods Master Association, Inc. P.O. Box 279, Unionville, CT

1. SELLER (S) NAME (S): _____
2. SELLER (S) FORWARDING ADDRESS: _____

3. SELLER (S) PHONE NUMBERS: HOME: _____ WORK: _____
4. PURCHASER (S) NAME (S): _____
5. PURCHASER (S) CURRENT ADDRESS: _____

6. PURCHASER (S) PHONE NUMBERS: HOME: _____ WORK: _____
7. SALES AGENT (IF APPLICABLE): _____
PHONE: _____
8. BUYER'S MORTGAGE COMPANY: _____
ADDRESS: _____
9. ANTICIPATED SETTLEMENT DATE: _____
10. CONTRACTED SALES PRICE: _____

* It is understood that the seller (s) must provide the purchaser (s) copies of the Association's Declaration and Bylaws. IT IS UNDERSTOOD THAT THESE GOVERNING DOCUMENTS ARE NOT PART OF THE CERTIFICATE OF RESALE WHICH WILL BE FURNISHED AND THAT THEY WILL NOT BE PROVIDED UNLESS HEREBY INDICATED: SELLER (S) HEREBY REQUEST (S) A COPY OF THE ASSOCIATION'S GOVERNING DOCUMENTS AT AN ADDITIONAL COST OF \$25.00.

YES _____ NO _____

* It is understood that a copy of the settlement statement must be forwarded to the association upon settlement of the unit.

* WHO SHOULD WE CONTACT WHEN THE CERTIFICATE OF RESALE IS READY TO BE PICKED UP?

NAME: _____ PHONE: _____

SIGNATURE OF SELLER (S) OR AGENT FOR SELLER (S) DATE

* The undersigned hereby acknowledges receipt of a Resale Certificate from the FARMINGTON WOODS MASTER ASSOCIATION with respect to Unit No. _____.

UNIT OWNER / AGENT

DATE