

SUMMERLIN RESALE DISCLOSURE REQUEST

Date: _____

Summerlin West Summerlin South The Ridges Barcelona-Mariposa Neighborhood

PLEASE ALLOW 10 DAYS FOR PROCESSING

Dear Association:

I am in the process of selling my property at _____. Because I am the seller of a property within a common-interest community I understand that Nevada Revised Statutes, Chapter 116.4109 requires me to make available certain documents to prospective purchasers. In order that I may comply with NRS 116.4109 I am requesting that the Association provide me with the documents listed below within 10 days (the time allowed by law) of receipt of this request form. I understand that I will be charged a fee of **\$50.00 (CHECK OR MONEY ORDER ONLY)**, per applicable association, payable upon pick-up of the documents. *(If the documents are to be mailed, the fee must be included with this request.)*

Owner Name (Please Print)

Owner Signature (Required)

Phone

- ◆ NRS 116.41095, Subsections 1-7
- ◆ Governing Documents of the Association
- ◆ Statement of monthly assessments for common expenses and any unpaid balance currently due on the seller's property
- ◆ Current operating budget and reserve budget
- ◆ Reserve study summary
- ◆ Most recent audit
- ◆ Most recent financial statement
- ◆ Statement of Unsatisfied Judgments and Pending Legal Actions
- ◆ Statement of fees and charges

I will take delivery of the **RESALE PACKAGE** by (MUST SELECT ONE):

IF NO OPTION IS SELECTED YOU WILL BE PROVIDED WITH A USB FLASH DRIVE

USB FLASH DRIVE - \$50.00 **HARD COPY - \$50.00**

Mail to the address below: additional \$5.00
first class mailing fee must be prepaid

Pick-up at your office (you will be contacted
when the package is ready):

Name

Contact Name

Address

Phone

City

State

Zip

PLEASE E-MAIL, FAX, OR MAIL TO:

Summerlin Community Association Management
2115 Festival Plaza Drive, #220, LAS VEGAS, NEVADA 89135
PHONE (702) 791-4600 FAX (702) 791-4660

WEST/SOUTH: summerlinassociationresale@howardhughes.com

OFFICE USE ONLY

Request Received On: _____ Package Completed On: _____ Contacted: _____

Package Received by: _____ Date: _____ Check #: _____

Signature