RESALE DISCLOSURE REQUEST SUMMERLIN NORTH COMMUNITY ASSOCIATION

Date:	PLEASE ALLOW 10 DA	YS FOR PROCESSING
me to make available certain doc requesting that the Association p receipt of this request form. I und	property at	that I may comply with NRS 116.4109 I am within 10 days (the time allowed by law) of O (CHECK OR MONEY ORDER ONLY),
Owner Name (Please Print)	Owner Signature (Required)	Phone
 Current operating budget and Reserve study summary Most recent audit Most recent financial statement 	Association ments for common expenses and any unpaid be reserve budget nt gements and Pending Legal Actions	* * paid in advance.
Email		
Contact Name		
Contact Phone Number	PLEASE E-MAIL, FAX, OR MAIL TO NORTH.RESALE@HOWARDHUGHES.	
	2120 SNOW TRAIL, LAS VEGAS, NEVAD. TELEPHONE (702) 838-5500 FAX (702) 83	A 89134
	OFFICE USE ONLY	
Request Received On:	Package Completed On:	Contacted:
Package Received by:Si	Date:	Check #: