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

_____
Name

_____
Address

_____
City State Zip

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

_____
Contact Name

_____
Phone

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