

The Georgetown Crossing Homeowner's Association, Inc.
RESALE CERTIFICATE REQUEST FORM

From: Requestor _____ Company: _____
(Seller, Title Co., Agent, Other)

Date: _____ Telephone #: _____ Fax #: _____

Email: _____

The fees listed below are **REQUIRED** to be paid at the time of closing.

___ Resale Certificate \$150.00 – Please allow 7-10 days for processing.

___ Special Handling Fee (for same or next day service) \$50.00

___ Refinance Certificate \$50.00 (Written owner authorization required to collect at close)

___ Resale Certificate Update \$50.00 (Written owner authorization required to collect at close)

This Transaction is a: ___ Refinance ___ Sale ___ Update

Make all checks payable to: Georgetown Crossing Homeowner's Association, Inc.

Required Information: Phase: _____ Lot: _____ Block: _____

Address: _____ Georgetown, TX 78626

Seller Name(s): _____

Buyer Name(s): _____

Buyer Email(s): _____

Buyer Phone(s): _____

GF/File #: _____ Closing Date: _____ Need by Date: _____

Recipient name and address for Resale Certificate to be delivered to: (Required for mail or pick up)

Company: _____ C/O: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Delivery Method (select one): ___ Mail ___ Courier ___ Email.

You will be contacted with Package # prior to pick up.

Signature of Requestor/Owner

Additional Comments: _____