## WALKER LAKESHORES LANDOWNERS ASSOCIATION

100 Walker Lake Road Shohola, Pennsylvania 18458 Telephone: 570/296-7788 FAX: 570/296-4603

Email: wllassociation@gmail.com

## **Request for Release of Property Owner Information**

*I/we hereby request that information and/or documents pertaining to the property owner identified below.* 

| <br>Resale Certificate pursuant to Uniform Planned Community Act (Resale Certificate Fee of \$200 must |
|--|
| be enclosed).  |

\_\_\_\_\_ Dues, Assessments, Special Assessments, Fees

\_\_\_\_\_ Other Information (Please Specify)

*This form must be signed by the property owner.* 

## **Property Address:**

| 911 Address   | 5:                  |                     |                     |                       |  |
|---------------|---------------------|---------------------|---------------------|-----------------------|--|
| Lot/Block/U   | nit or Section      |                     |                     |                       |  |
| Circle one:   | Walker Lake         | Maple Park          | PA Lakeshores       | Hinkel Estates        |  |
| Owner Info    | rmation:            |                     |                     |                       |  |
| Owner's (Se   | eller) Name:        |                     |                     |                       |  |
| Telephone o   | of current owner    | ·                   |                     |                       |  |
| Current owr   | ner's mailing add   | ress:               |                     |                       |  |
| Release to:   | (i.e. note all part | ies including your  | Realtor, Attorney a | nd Abstract Company.) |  |
|               |                     |                     |                     |                       |  |
|               |                     |                     |                     |                       |  |
| If resale pac | ket requested, w    | /ho will pick up pa | acket:              |                       |  |

The packet will be available at the Walker Lakeshores Landowners Association office during office hours. (Wednesday and Saturdays 9 am to 2 PM)

| Signature of Current Owner:        |                        | Date: | — |
|------------------------------------|------------------------|-------|---|
| Buyers Information, if available:  |                        |       |   |
| Name:                              |                        |       |   |
| Billing Address:                   |                        |       |   |
| Phone Number:                      | Expected closing date: |       |   |
| Request for resale packet and/or d | December 7, 2          | 019   |   |