

# Richter Management

5631 Burke Center Parkway, Suite 1  
Burke, Virginia 20015  
Phone: (703) 503-1234 Fax: (703) 239-0958  
jordan@richtermanagement.com  
contact@richtermanagement.com

## HOA / Disclosure Packet Request

Owner's Names: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner's Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Section: \_\_\_\_\_

Settlement Agent Name: \_\_\_\_\_

Settlement Agent Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Settlement: \_\_\_\_\_

Real Estate Agent Company: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ **First Class Mail** (\$215) Address \_\_\_\_\_

### Delivery Options

\_\_\_\_\_ **Pick Up By** (\$200) Contact Info \_\_\_\_\_

In order to facilitate the sale of this property and pursuant to the provision of the Virginia Property Owner's Association Act, I hereby request that the Association furnish the Property Owners Disclosure Packet for the property identified above. I acknowledge that a property inspection may be performed in the preparation of this packet.

I understand that payment in full is due at settlement or in 90 days (whichever occurs first). The Association Disclosure Packet must be provided to me within fourteen (14) days of receipt of this request.

I hereby certify that any improvements or alterations made to the lot are not in violation of the Association documents including the Declaration of Covenants, Conditions and Restrictions, the Bylaws and Architectural Guidelines adopted by my Association.

I hereby designate \_\_\_\_\_ (name) as my authorized agent to receive this Association Disclosure Packet on my behalf pursuant to Section 55-512A of the Act.

\_\_\_\_\_  
Signature of Owner

For a Fee Schedule of Delivery Options, Contact Richter Management  
Mail, Fax, or Email this Completed Form to Richter Management