Richter Management

5631 Burke Centre Parkway, Suite I
Burke, Virginia 22015
Phone: (703) 503-1234 Fax: (703) 239-0958
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contact@richtermanagement.com

Resale / Disclosure Packet Request

Owner Name: _____

Property Address: _____

Owner Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Settlement Agent Name: _____

Settlement Agent Address: _____

Phone: _____ Date of Settlement: _____

Real Estate Agent Company: _____

Address: _____

Business Phone: _____ Home Phone: _____

Delivery Options

*Effective 07/01/2023, all resale packages must be paid for in advance of receiving them. Payments should be made to Richter Management and mailed/delivered OR deposited (Please Circle) into any Truist branch location to account 1470022516043 with property address noted on the bank deposit slip or on the checks.

Email ($300) Contact _____

Expedite ($70) _____ (2-5 Days)

In order to facilitate the sale of this property and pursuant to the provisions of the Virginia Property Owners Association Act, Virginia Condominium Act, and the Virginia Real Estate Cooperative Act, I hereby request that the Association furnish the 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 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 the Architectural Guidelines adopted by the Association.

I hereby designate _____(name) as my authorized agent to receive this Disclosure Packet on my behalf pursuant to Ä 55.1-2310 of the Acts.

RICHTER MANAGEMENT

_____
Signature of Owner