



25 Crescent Street, Stamford CT 06906-1827
www.thepropertygroup.net
phone 203/967-8337 fax 203/967-2012

Request for Resale Documents:

Property Name: _____

Property Address: _____

Unit Information: Unit # _____ Garage Space _____ Outside Space _____

Buyer's Name(s): _____

Buyer's Phone No.: _____

Buyer's Address: _____

Buyer's Attorney: _____

(Address) _____

(Phone) _____

Seller's Name: _____

Seller's Address: _____

Selling Price: \$ _____

Seller's Attorney: _____

(Address) _____

(Phone) _____

Approximate Date of Closing _____

First Mortgage Holder: _____

Resale fee is as follows:

\$125.00 Approx. 10 days to complete. Payment is in advance.

You may also fax this request to 203-967-2012

Please make check payable to **The Property Group**

Whom do I call when package is ready _____

PACKAGES CANNOT BE MAILED OUT VIA U.S. POSTAL SERVICE. EITHER IN-PERSON PICK-UP or VIA OVERNIGHT MAIL: Fed Ex Acct.# _____ UPS Acct. # _____