

RESALE CERTIFICATE REQUEST

Homeowner's Association Name: _____

Requested Unit Address: _____

Managed By Pacific Rim Properties
405 West 27th Avenue, Anchorage, AK 99503
Phone: 563-3345 Fax: 762-5497

Unit Owner of Record _____

Mailing Address _____

Home Phone # _____ Work Phone # _____

I hereby request that the above named Homeowner's Association provide to me a resale certificate pertaining to the unit referenced above. I understand that Pacific Rim Properties has 10 days to complete the resale certificate after the receipt of payment.

Signature _____ Date _____

" Owner of record must sign "

Person authorized to accept completed resale certificate:

(Resale's will NOT be mailed or delivered, and must be picked up by the owner or person authorized below)

R.E. Licensee _____ Phone # _____

Other _____ Phone # _____

Fee: (original certificate) \$200 Check # _____

** Payable to Pacific Rim Properties, check or money order only.

Additional Rush fee (5 day guarantee) \$ 50

Rush is not always available, Please call first to find out.

Received By: _____ Date _____
Time _____

Pacific Rim Properties

Certificate Preparation Completed

By: _____ Date _____

Contact of Owner/Rep. (Time & Method) _____

I have received the resale certificate for the above referenced unit.

Signature _____ Date _____