

**APPLE MOUNTAIN LAKE SOUTH PROPERTY OWNER'S ASSOCIATION**

**P. O. Box 171, Linden, VA 22642 Tel: 540-305-9781**

**Email: [amlspoa@gmail.com](mailto:amlspoa@gmail.com)**

**REQUEST FOR DISCLOSURE PACKET**

**DATE:** \_\_\_\_\_ **INSTRUCTIONS:** Please provide the following information, which is required in order to process a Disclosure Packet.

**NOTE:** FORM MUST BE FILLED OUT IN ITS ENTIRETY BEFORE PROCESSING WILL BEGIN. PLEASE ALLOW 14 DAYS FROM RECEIPT OF THIS REQUEST FOR DELIVERY OF PACKET.

**Please include a check for \$100 made payable to AMLSPOA and mail with this request.**

**Property Information:**

Property Address & Lot #: (P.O. Boxes not accepted): \_\_\_\_\_

\_\_\_\_\_

**Seller Information:**

Seller's Full Name: \_\_\_\_\_

Co-Seller's Full Name: \_\_\_\_\_

Seller's Address (If different from lot address): \_\_\_\_\_

\_\_\_\_\_

Seller's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Seller's E-Mail Address: \_\_\_\_\_

**Buyer Information:**

Buyer's Full Name: \_\_\_\_\_

Co-Buyer's Full Name: \_\_\_\_\_

Buyer's Address (If different from lot address): \_\_\_\_\_

Buyer's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Buyer's E-Mail Address: \_\_\_\_\_

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**REQUEST FOR DISCLOSURE PACKET**

**Delivery Information:**

Requested By: \_\_\_\_\_ Phone: \_\_\_\_\_

**Deliver Completed Disclosure Packet to:**

Type of Address:  Business  Residence

Recipient Name: \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ If you provide a fax or e-mail below, the disclosure packet will be sent to you when processing is complete

Fax Attention: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Processing:**

Disclosure Packet (faxed upon completion if requested) and Association Documents:

Processing Fee ..... \$100.00

**Shipping Method**

Standard Shipping (4-Day Ground) ..... Included in Cost

2-Day Shipping - \$19.95 .....

Next Day Shipping - \$39.95 .....

**Payment Information:**

Check Enclosed (Mailed and Fax request Only). Payable to "AMLSPOA".

Prefer to pick up and pay in person.