

INDIAN MOUNTAIN CIVIC ASSOCIATION, INC.

95 HIGHRIDGE ROAD

Albrightsville, PA 18210-3100

TELEPHONE NUMBER: 570-646-1600 / FAX NO: 570-643-1787

REQUEST FOR RESALE CERTIFICATE

DATE: _____

SELLER: _____

BUYER: _____

LOT: _____ SECTION: _____

IMLCA STREET ADDRESS: _____

COST: \$300.00

I AM IN THE PROCESS OF SELLING MY PROPERTY AND I AM HEREBY REQUESTING A RESALE CERTIFICATE.

PLEASE NOTIFY MY REAL ESTATE AGENT WHEN IT IS READY FOR PICK-UP AT: _____

OR

PLEASE E-MAIL RESALE CERTIFICATE TO: _____

RESALE REQUEST AND PAYMENT MUST BOTH BE SUBMITTED BEFORE WORK BEGINS ON THE DOCUMENT. PER THE PA UNIFORM PLANNED COMMUNITY ACT (TITLE 68 § 5407. RESALE OF UNITS) IMLCA HAS 10 DAYS TO CREATE THE DOCUMENT. ONLY THE SELLER OF THE PROPERTY OR THE AUTHORIZED REALTOR MAY SIGN OFF ON THIS FORM.

SIGNATURE

DATE