

**INDIAN MOUNTAIN CIVIC ASSOCIATION, INC.**

95 HIGHRIDGE ROAD

Albrightsville, PA 18210-3100

TELE NO:570-646-1600/FAX NO: 570-643-1787

**REQUEST FOR RESALE CERTIFICATE**

DATE: \_\_\_\_\_

SELLER: \_\_\_\_\_

BUYER: \_\_\_\_\_

LOT: \_\_\_\_\_ SECTION: \_\_\_\_\_

IML STREET NAME: \_\_\_\_\_

COST: \$150.00

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 MAIL RESALE CERTIFICATE TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE