

NOTICE OF CLOSING

TO: MANAGEMENT OFFICE DATE: _____

FROM: _____

UNIT # _____

BUILDING ADDRESS: _____

SELLER: _____

NEW OWNER(S) NAME IS TO APPEAR ON THE MONTHLY INVOICE AS:

IF NEW OWNER (S) WOULD LIKE INVOICE SENT IN CARE OF ANOTHER INDIVIDUAL OR ADDRESS, OTHER THAN THE ABOVE, PLEASE INDICATE CHANGE BELOW:

IN CARE OF: _____

ADDRESS: _____

FORWARDING ADDRESS FOR SELLER: _____

NOTICE: IT IS IMPERATIVE THAT THIS FORM BE COMPLETED AND SENT TO THE MANAGEMENT OFFICE IMMEDIATELY AFTER THE CLOSING. ASSESSMENT BILLING RECORDS WILL NOT BE CHANGED UNTIL THIS FORM IS RECEIVED.