

SUMMERLIN RESALE DISCLOSURE REQUEST

Date: _____

Summerlin West Barcelona-Mariposa Summerlin South The Summit Summit Clubhouse Suites

PLEASE ALLOW 10 DAYS FOR PROCESSING

Dear Association:

I am in the process of selling my property at _____. Because I am the seller of a property within a common-interest community I understand that Nevada Revised Statutes, Chapter 116.4109 requires me to make available certain documents to prospective purchasers. In order that I may comply with NRS 116.4109 I am requesting that the Association provide me with the documents listed below within 10 days (the time allowed by law) of receipt of this request form. I understand that a **\$50.00 (CHECK OR MONEY ORDER ONLY)**, per applicable association, is required prior to processing my documents.

*****Please include a COMPLETED Resale Request form when submitting your request*****

Owner Name (Please Print)

Owner Signature (Required)

Phone

- ◆ NRS 116.41095, Subsections 1-7
- ◆ Governing Documents of the Association
- ◆ Statement of monthly assessments for common expenses and any unpaid balance currently due on the seller's property
- ◆ Current operating budget and reserve budget
- ◆ Reserve Study Summary
- ◆ Most recent audit
- ◆ Most recent financial statement
- ◆ Statement of Unsatisfied Judgments and Pending Legal Actions
- ◆ Statement of fees and charges

PICK UP IS NOT AVAILABLE

YOU WILL RECEIVE YOUR DOCUMENTS VIA EMAIL ONLY:

FEE FOR DOCUMENTS - \$50.00

PAYMENT MUST BE MADE PRIOR TO PROCESSING OF DOCUMENTS PAYABLE TO THE APPLICABLE ASSOCIATION (SUMMERLIN SOUTH OR SUMMERLIN WEST)

E-MAIL MY DOCUMENTS TO:

E-MAIL ADDRESS

CONTACT PHONE NUMBER

PLEASE E-MAIL YOUR REQUEST TO:

WEST/SOUTH: summerlinassociationresale@howardhughes.com

PLEASE MAIL PAYMENT TO (CHECK OR MONEY ORDER ONLY) OR PLACE IN OUR DROP BOX AT:

Summerlin Community Association Management
2115 Festival Plaza Drive, #220, LAS VEGAS, NEVADA 89135
PHONE (702) 791-4600

OFFICE USE ONLY

Request Received On: _____ Package Completed On: _____ Contacted: _____

Package Received by: _____ Date: _____ Check #: _____

Signature