RESALE DISCLOSURE REQUEST SUMMERLIN NORTH COMMUNITY ASSOCIATION

Date:	PLEASE ALLOW 10 DA	YS FOR PROCESSING
me to make available certain doc requesting that the Association preceipt of this request form. I und	property at terest community I understand that Nevada Reguments to prospective purchasers. In order provide me with the documents listed below the derstand that I will be charged a fee of \$50.00 to receiving the documents. (If the check of	that I may comply with NRS 116.4109 I am within 10 days (the time allowed by law) of CHECK OR MONEY ORDER ONLY),
Owner Name (Please Print)	Owner Signature (Required)	Phone
 Current operating budget and Reserve study summary Most recent audit Most recent financial stateme 	Association ments for common expenses and any unpaid b reserve budget nt gements and Pending Legal Actions	* * vaid in advance.
Email		
Contact Name		
Contact Phone Number	PLEASE E-MAIL, FAX, OR MAIL TO NORTH.RESALE@HOWARDHUGHES. 2120 SNOW TRAIL, LAS VEGAS, NEVADA TELEPHONE (702) 838-5500 FAX (702) 83	COM A 89134
	OFFICE USE ONLY	
Request Received On:	Package Completed On:	Contacted:
Package Received by:S	Date: _	Check #: