

1700 Park Street Condominium Association – New Owner Information Form

CURRENT CONTACT INFO FOR SELLER:

Unit Number/Name of Seller: _____

Phone number: _____

Address: _____

Email: _____

EXPECTED (ESTIMATED) DATE OF CLOSING: _____

CONTACT INFO FOR PURCHASER:

Name/Company: _____

Current address of purchaser: _____

Phone number: _____

Email: _____

Type of business that will be occupying the unit: _____

Mortgage holder for purchaser (if known): _____

CONTACT INFORMATION OF ATTORNEYS INVOLVED IN CLOSING:

Seller's attorney name: _____

Seller's attorney phone number: _____

Purchaser's attorney name: _____

Purchaser's attorney phone number: _____

Will the owner listed above be the occupant of the unit? (Y/N): _____

If not, will the owner of the unit be leasing the unit to another named person or company? (Y/N): _____

If yes, a copy of the executed lease must be provided for the Board's approval. Please note, the lessee must provide proof of insurance as well as an executed "Addendum A" (can be located on

<https://1700parkstreet.net/>)

PLEASE RETURN THIS FORM TO 1700parkcondo@gmail.com