

**Turners' HOA Mgt. Co.  
Resale Processing  
P.O. Box 411  
Lorton, VA 22199  
Phone 703-455-0500 Fax 703-455-8259**

**Dear Resale Client:**

**Thank you for requesting resale information from Turners' HOA Mgt. Co..**

**Our goal is to process your resale information as quickly and accurately as possible.**

**Effective July 1, 2008, the processing fee for a Resale Disclosure Package is dependant upon the manner in which the resale package is provided and how it is delivered. Please refer to the schedule of fees enclosed that correspond to the fee structure established by the Virginia General assembly,**

**Please complete the enclosed resale request form and fax, mail it, or email it to both of the following emails: [tiffanyatturnershoa@yahoo.com](mailto:tiffanyatturnershoa@yahoo.com) and [martiatturnershoa@yahoo.com](mailto:martiatturnershoa@yahoo.com)**

**Thank you for the opportunity to serve you.**

**Sincerely,**

**Cathleen Turner**

**Brightwood Forest III HOA Office**

**Brightwood Forest III HOA Resale Package Request**

Date: \_\_\_\_\_

Type of sale:     Foreclosure         Short Sale         Regular Sale

Property Address: \_\_\_\_\_

Date of Foreclosure if applicable: \_\_\_\_\_ (Must have a copy of Foreclosure Deed)

**Sellers Information:**

Sellers Full Name \_\_\_\_\_

Sellers address (if different than unit): \_\_\_\_\_

**Buyers Information:**

Buyer's Full Name: \_\_\_\_\_

Co-Buyers Full Name: \_\_\_\_\_

Buyer's current address: \_\_\_\_\_

Buyers Phone: \_\_\_\_\_

**Select "Certified Mail", "Pick Up" or "Hand Delivery" (Electronic delivery not available)**

**Certified mail - mail completed Resale Package To: (must sign for it)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Pick Up - Resale Package in Springfield, VA (must sign for it)**

Name of person to contact for pick up: \_\_\_\_\_

Phone Number to call for Pick up: \_\_\_\_\_

**Contact Information for individual submitting information**

Name and Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Hand Deliver – Resale Package (must sign for it)**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Delivery address: \_\_\_\_\_

**Processing Charges:**

<b>Resale Package &amp; Inspection</b>	<b>(\$290.00)</b>	
<b>Post-closing fee</b>	<b>(\$ 55.00)</b>	
Expediting of Resale Package	\$55.00	<input type="checkbox"/>
Update of Resale Package financial/inspection (within 12 months)	\$55.00	<input type="checkbox"/>
Certified mail	No Charge	
Hand Delivery	\$50.00	<input type="checkbox"/>

**Payment Information:**

Check Enclosed     Will be paid at Settlement

**Make check payable to: Turners' HOA Mgt. Co.**

**Mail to: Turners' HOA Mgt. Co.**

**P.O. Box 411**

**Lorton, VA 22199**

**Make sure to include the property address on the memo of the check!!!!!!**

**Note: The form must be typed and filled out completely before processing will begin!!!!!!**