

## ASSESSMENT LETTER REQUEST FORM GREEN TRAILS IMPROVEMENT ASSOCIATION

	CLOSING DATE:
	SELLER INFORMATION
REQUESTER BY: Homeow	vner Homeowner Attorney Realtor
SALE: REFINANCE: _	
REQUESTER'S NAME:	
REQUESTER'S EMAIL:	
REQUESTER'S PHONE:	
SELLER NAME:	
PROPERTY ADDRESS:	
SELLER EMAIL ADDRESS:	
ATTORNEY PHONE: _ ATTORNEY EMAIL: _	
	<b>BUYER INFORMATION</b>
BUYER NAME:	BUYER INFORMATION
BUYER EMAIL ADDRESS: BUYER PHONE: WILL THE BUYER OCCUPY T If no; please provide the B Name:	THE RESIDENT: Yes: No:
BUYER EMAIL ADDRESS: BUYER PHONE: WILL THE BUYER OCCUPY T If no; please provide the B Name: Address:	THE RESIDENT: Yes: No: Suyers Contact Information  City: State: Zip:
BUYER EMAIL ADDRESS: BUYER PHONE: WILL THE BUYER OCCUPY T If no; please provide the B Name: Address:	THE RESIDENT: Yes: No: Suyers Contact Information  City: State: Zip: Email Address:
BUYER EMAIL ADDRESS:  BUYER PHONE:  WILL THE BUYER OCCUPY T  If no; please provide the B  Name: Address: Phone:  Office Use Only	THE RESIDENT: Yes: No: Suyers Contact Information  City: State: Zip: Email Address:  Area: Account Status:

Green Trails Improvement Association P.O. Box 3106 – Lisle, IL 60532-8106 (630) 415-8293

email: gtia@greentrails.org