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HOMEOWNERS ASSOCIATION REQUEST / AUTHORIZATION

VIA FACSIMILE ONLY

NAME OF HOMEOWNERS ASSOCIATION: _____

NAME OF MANAGEMENT COMPANY: _____

TELEPHONE NUMBER: (_____) _____

SALE OF: _____

Association, please forward to my attorney, Randall B. Hribal, a paid assessment letter which also **waives any rights of first refusal and indicates if any special assessments are confirmed but unpaid.**

Additionally, please furnish my office with the **name and telephone number of the Association's insurance company** in order to obtain a Certificate of Insurance. Thank you for your assistance.

Homeowner signature dated

Check box if the property is not part of a homeowners association.