

TRANSFER OF OWNERSHIP REQUEST

Firm/Attorney: _____

Firm/Attorney Email: _____

Fax Number: _____ Phone: _____

Date: _____ Closing Date: _____

Seller(s) Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____ Lot #: _____

Buyer(s) Name: _____

Buyer(s) Mailing Address: _____

Buyer(s) Phone Number/Email: _____

Please submit the above information to Treasurer at NorthfortHOA@gmail.com

Assessment is \$: _____ annually

Current outstanding balance \$: _____

Make Check Payable to: **North Fort HOA**

Post Office Box 1766

Clayton, NC 27528

Is the buyer being provided with a set of the Covenants? Yes or No

PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING