

Emerald Green Property Owners Association, Inc.

Telephone: 845-796-2410 | PO Box 65, Rock Hill, NY 12775 | Fax: 845-796-2430

REQUEST FOR WAIVER OF RIGHT OF FIRST REFUSAL

Date: _____

REQUESTED BY: (please print)

Company Name: _____

Company Address: _____

Company Telephone No.: _____ Fax No.: _____

Representing (please check one) Seller Purchaser

Section, Block and Lot Number of Property: _____

Seller(s) Name: _____

Purchaser's Name: _____

Purchaser's Mailing Address: _____

Purchaser's Phone Number: _____ Email: _____

Anticipated Closing Date: _____

Please note, a copy of the Contract of Sale and a signed Receipt of the Rules & Regulations is required by our office prior to issuing of the Waiver of the Right of First Refusal

OFFICE USE ONLY:

Date Received: _____

Balance Owed: (Amount): _____

Date Balance Received: _____

Amt Paid: _____ Payment Method: Check # _____ Money Order _____ Cash

Transfer Fee: Home Lot

Date Rec'd: _____ Payment Method: Chk # _____ Money Order _____ Cash

Date Property Transferred: _____

Comments/Notes:

