



Bay Quarter Shores Disclosure Request Form

Revised August 2022

Property 911 Address: _____

Lot #(s)(Include letter ex: A-15)_____

Owner's Name: _____

Owner's Address: _____

Name of Requesting Real Estate Agent: _____

Agent's Address: _____

Agent's Phone Number: _____

Agent's E-Mail Address: _____

Name of Closing Attorney: _____

Address of Closing Attorney: _____

Delivery Information, please check one)

Please deliver disclosure packet via: E-Mail_____ (\$125) Hardcopy _____ (\$150)

(If additional fees are incurred in collecting of this information, they will be added to this request)

E-Mail to: _____

Hard Copy Mailed to:

I understand there is a fee, payable by the seller, associated with the delivery of this packet.

Signature:

Seller/Agent for Seller: **Please make checks payable to:
Bay Quarter Shores, Inc.**

C/O

Chesapeake Accounting Group, PC

Post Office Box 370

Burgess, VA 22432

804-453-7611 – Phone

804-453-7340 – Fax