

Bay Quarter Shores Disclosure Request Form

Revised Nov. 2019

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. Mail form and the required fee (\$125 for Email / \$150 for hardcopy) to:

**Bay Quarter Shores, Inc,
Attn. Office Manager
1004 Bay Quarter Drive
Heathsville, VA 22473**