

BELLA VISTA TOWNHOUSE ASSOCIATION

TITLE COMPANY CLOSING REQUEST

From: _____ Date: _____

Fax # _____ Phone # _____ File #: _____

EMAIL: _____

Make payment to:

Bella Vista Townhouse Association
P O Box 5301
Bella Vista, AR 72714

Phone/Fax# 479- 855-9328
officemanager@bvth.com

Property Address: _____ Closing date: _____

Seller: _____

Buyer: _____

Mail Address: _____

Phone #: _____ EMAIL: _____

Please request the phone number or email address from the buyer for us. We mail the new owner documents upon transfer of property. Not all owners reside at the townhouse resulting in returned mail and an inability to contact the new buyer.

Thank you for your assistance.

THE CURRENT ANNUAL ASSESSMENTS ARE \$900.00 PER YEAR.
ANNUAL BALANCE WILL BE REQUESTED AT CLOSING IN ADDITION TO AN OWNER TRANSFER FEE.

MANDATORY OWNER TRANSFER FEE: \$100.00

CURRENT ANNUAL ASSESSMENT BALANCE IS: _____

DATE ASSESSMENT IS CURRENTLY PAID THRU: _____

TOTAL AMOUNT TO COLLECT AT CLOSING: _____

FUTURE ANNUAL ASSESSMENTS ARE PAYABLE MONTHLY, QUARTERLY OR
ANNUALLY IF ARRANGEMENTS ARE MADE WITH THE OFFICE.

PLEASE send copy of deed ASAP after closing either by fax or e-mail to officemanager@bvth.com

_____ date _____

Thank you, Bella Vista Townhouse Assoc
Corporate office located at 2 Cora Circle, Bella Vista, AR.