

Ford's Colony Homeowners Association
Disclosure Package Request Form
Email: admin@fchoa.net or Fax 757-258-4065

DATE: _____

LOT: _____ SECTION: _____ (leave blank if you do not know it)

PROPERTY ADDRESS: _____

CURRENT OWNER'S NAME: _____

PAPER DOCUMENTS: _____ EXPEDITE: YES _____ NO _____

PICK UP: _____ OR MAIL: _____

MAILING ADDRESS TO MAIL DOCUMENTS: _____

CONTACT NAME FOR PICKING UP: _____

PHONE NUMBER: _____

EMAIL DOCUMENTS: _____ EXPEDITE: YES _____ NO _____

EMAIL ADDRESS TO SEND: _____

HOW WILL DOCUMENTS BE PAID?

WHEN PICKED UP: _____ AT CLOSING: _____

CLOSING DATE: _____

CLOSING ATTORNEY'S NAME: _____

ATTORNEY'S PHONE NUMBER: _____

ATTORNEY'S ADDRESS: _____

SIGNATURE: _____