

**SUMMERLAKES HOMEOWNERS' ASSOCIATION
3 SOUTH 020 CONTINENTAL DRIVE
WARRENVILLE, IL. 60555
(630) 393-3033
Fax: (630) 393-3507**

REQUEST FOR CLOSING LETTER

Name: _____

Address: _____

Lot #: _____

Home Phone #: _____

Work Phone #: _____

Closing Date: _____

Forwarding Address: _____

Name of **Seller's** Closing Attorney: _____

Closing Attorney's Address: _____

City/State/Zip: _____

Attorney's Phone #: _____

Attorney's Fax #: _____

Attorney's Email: _____

Homeowner Signature: _____ Date: _____

Name(s) of Buyer(s): _____

Please Note: No closing packet will be mailed until all information requested above is complete; and, until all assessments are current **through** the end of the month the closing is in and the closing letter fee (\$100.00) is paid.

FOR OFFICE USE ONLY

ASSESSMENTS PAID THROUGH: _____

CREDIT REMAINING: _____

RESERVE FEE AMOUNT: _____

**FEE (\$100.00) PAID:* _____

DATE LETTER MAILED: _____

CLOSING DATE AND BUYER'S NAMES CONFIRMED: _____