

**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 #: \_\_\_\_\_

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 quarter the closing is in and the closing letter fee (\$100.00) is paid.**

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***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:** \_\_\_\_\_