

Hughes Management & Consulting Corp.

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Email: info@hmcc1.com Website: www.hmcc1.com

TRANSFER INFORMATION FORM

To expedite your request in a timely manner, please provide us with the following:

Association Name: _____

Property Address: _____ **Unit No.** _____

SELLER INFORMATION:

Name of Seller(s): _____

Seller's Phone: _____

Seller's Forwarding Address: _____

Seller(s) Attorney Name: _____

Attorney's Phone: _____ Attorney's Fax: _____

Address: _____

City/State: _____ Zip Code: _____

BUYER INFORMATION:

Name of Buyer(s): _____

Buyer's Phone: _____

Buyer's Attorney Name: _____

Attorney's Phone: _____ Attorney's Fax: _____

Address: _____

City/State: _____ Zip Code: _____

Selling Price of Property: _____

BUYER ACKNOWLEDGEMENT

Certificate of Insurance:

Per Declaration & ByLaws of the Association and Illinois Condominium Act 765 ILCS 6-5-12, homeowners are required to submit a certificate of insurance, naming the Association as a certificate holder to the management office within seven (7) days from purchase of a Unit and annually thereafter.

Change Order:

The buyer must submit a completed Change Order and copy of sales contract to the management office prior to closing. The buyer must submit a closing settlement statement to the management office within seven (7) days from the date of purchase.

Rules & Regulations, Declaration & ByLaws:

I acknowledge the receipt of a copy of the Associations Declaration & ByLaws and Rules & Regulations.

By My Signature Below, I Hereby State:

I agree to be bound and subject to all of the terms, conditions, obligations and provisions of the Declaration & ByLaws, and the Rules & Regulations. That I am authorized to obtain the documents herein requested and this request is made for the stated purpose.

ACKNOWLEDGED BY: _____ **Date:** _____

(Buyer's Signature)

Buyer's Name (please print) _____