

## ${\it Emerald~Green~Property~Owners~Association,~Inc.}$

P.O. Box 65 · Rock Hill, NY 12775 Phone 845-796-2410 Fax 845-796-2430 Email brittany@emeraldgreenpoa.com

## **Closing Form**

All information should be provided. The information below is needed to change the owner of record in our system. In addition, a copy of the Contract of Sale is required by our office prior to issuing the Waiver of Right of First Refusal.

Address of Property:	
Section:Block:	Lot:
Closing Date:/	/
Contact Information—Purchaser 1	
Name:	Date of Birth:// Social Security #:
Home Phone:	Cell Phone:
Email:	
Contact Information—Purchaser 2 (if a	pplicable)
Name:	Date of Birth:// Social Security #:
Home Phone:	Cell Phone:
Email:	
Mailing Address after Closing:	
	Receipt of Rules and Regulations
As of September 28, 2007, our office requir First Refusal is given.	es a signed Receipt of Rules and Regulations from the purchaser before a Right of
www.emerald greenpoa.com, and it is the r	tions (including the Building Code) are available on the internet at esponsibility of the property owner to familiarize him/herself with these y contacting the office at the number above.)
I have read and agreed to abide by the Bui	ding Code, By-Laws, & Deeds Covenants & Restrictions
Purchaser(s) (Please Print)	
Purchaser(s) Signature	Dated:
	Dated: