



# Request for Condominium Resale Certificate

Park Place I	<input type="checkbox"/>	Thomas Choice Gardens	<input type="checkbox"/>
Park Place II	<input type="checkbox"/>	Thomas Choice Condo	<input type="checkbox"/>
		Horizon Run	<input type="checkbox"/>

The undersigned owner(s) of, or agent for, condominium unit at \_\_\_\_\_ requests, pursuant to the Section 11-135 Real Property Article, Annotated Code of Maryland, that the Council of Unit Owners furnish a certificate containing the information required by this law.

<b>PROCESSING COSTS</b>	
<i>(check one)</i>	
<input type="checkbox"/> <b>\$175 Disclosure</b>	<input type="checkbox"/> <b>\$200 RUSH disclosure</b>
Allow ten (10) business days to process	Allow five (5) business days to process
<input type="checkbox"/> Hard Copies	
<input type="checkbox"/> CD Only	<input type="checkbox"/> Hard Copies + CD (\$25 additional fee)
<ul style="list-style-type: none"> <li>▪ Contains disclosure certificate, Montgomery Village Foundation, Inc. and Condominium Articles of Incorporation and By-laws. <i>(Note: TC Condo and Horizon Run includes inspection of unit for architectural violations.)</i></li> <li>▪ They have made no alteration or improvement to the unit or to the limited common elements assigned thereto which violates any provisions of the Declaration, Bylaws or Rules and Regulations.</li> <li>▪ There is no violation of any health or building code with respect to the unit or the limited common elements assigned thereto.</li> </ul>	
<b>PLEASE NOTE:</b>	
<ul style="list-style-type: none"> <li>▪ The unit owner(s) is responsible for unapproved changes and modifications made to the property after the date of the Disclosure Certificate.</li> <li>▪ The Disclosure Certificate will expire after six (6) months. However, an updated Disclosure Certificate can be prepared upon request. A \$50 fee is required for this service.</li> </ul>	
Print Unit Owner/Realtor Name _____	
Date _____ Phone _____	

Method of payment:	Print name of Cardholder <i>(required)</i> _____
<input type="checkbox"/> Check payable to MVF	Signature of Cardholder _____
<input type="checkbox"/> Visa	Cardholder Address _____
	<i>(If different than above)</i>
<input type="checkbox"/> MasterCard	Card # _____ - _____ - _____ - _____ Verification Code _____
<input type="checkbox"/> Discover	Expiration Date _____ <i>(3-digits on signature side of card)</i>

Return this form to: **Montgomery Village Foundation** Or fax to: 240-243-2302  
 10120 Apple Ridge Road (secure line)  
 Montgomery Village, MD 20886

<b>For Office Use</b>	
Account No. _____	Date Received _____