Ford's Colony Homeowners Association Disclosure Package Request Form Email: <u>admin@fchoa.net</u> or Fax 757-258-4065 *You will receive a written confirmation of request received within 24 business hours. If you do not get a confirmation within a timely manner, call the office and we will assist you right away.		
LOT:	SECTION:	(leave blank if you do not know it)
PROPERTY	Y ADDRESS:	VACANT LOT: YES /NO
CURRENT	OWNER'S NAME:	
WAS A CO	OURTESY PRE- INSPEC	TION REQUESTED/PERFORMED? YesNO
PAPER DO	OCUMENTS:	EXPEDITE: YES NO
PICK UP: _	OR MAIL	:
MAILING	ADDRESS TO MAIL DO	DCUMENTS:
CONTACT	NAME FOR PICKING	UP:
PHONE NU	JMBER:	
EMAIL DO	OCUMENTS:	EXPEDITE: YES NO
EMAIL AD	DRESSES TO SEND*:	
1		4
2		5
3		
*You m		p to five (5) recipients. It is our policy that both the Seller and the resented on the receiving end of these documents.
HOW WIL	L DOCUMENTS BE PA	ID?
WHEN PIC	CKED UP: 🚺 AT CLO	OSING: CLOSING DATE://20
CLOSING .	ATTORNEY'S NAME:	
ATTORNE	Y'S ADDRESS:	
ATTORNE	Y'S EMAIL:	
SIGNATU	RE:	