

**REQUEST FOR DISCLOSURE PACKET  
CONFEDERATE RIDGE II HOMEOWNERS ASSOCIATION**

Unit Owner: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

(if different)

In order to facilitate the sale of my Lot and pursuant to the provisions of the Virginia Property Owners' Association Act ("Act") Condominium, I hereby request that the Association furnish the Association Disclosure Packet for the Lot identified above.

I understand that the Association Disclosure Packet must be provided to me within fourteen days of receipt of this request and that payment in full for preparation of the Association Disclosure must be received before the request is processed.

**Enclosed is a check in the amount of \$ 175.00 payable to Confederate Ridge II HOA HOA for preparation of the Association Disclosure Packet. Or this amount can be paid at settlement.**

I hereby certify that any improvements or alterations made to the Lot are not in violation of the Association documents including the Declaration of Covenants, Conditions and Restrictions, the Bylaws and Architectural Guidelines adopted by the Association.

I hereby designate \_\_\_\_\_ as my authorized agent to receive this Association Disclosure Packet on my behalf pursuant to Section 55-512 A of the Act.

\_\_\_\_\_  
Owner

Agent \_\_\_\_\_ Date Request Received \_\_\_\_\_

Address \_\_\_\_\_ Amount of Payment \_\_\_\_\_

\_\_\_\_\_ Manner of Payment \_\_\_\_\_

Phone \_\_\_\_\_

**SEND REQUEST TO:**

\_\_\_\_\_  
Annandale Management Company  
7825 – A Patriot Drive  
Annandale, Virginia 22003  
703.328.5760 Fax 703.359.4365  
[amc@annandalemanagement.com](mailto:amc@annandalemanagement.com)

Please allow 7-10 days for processing.

