

**REQUEST FOR DISCLOSURE PACKET
OLD TOWN GATEWAY 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 Old Town Gateway HOA for preparation of the Association Disclosure Packet. Or this amount can also 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 _____

**PAYMENT MUST ACCOMPANY THIS REQUEST
OR COLLECTED AT SETTLEMENT:**

Annandale Management Company
7825 – A Patriot Drive
Annandale, Virginia 22003
703.328.5760 Fax 703.359.4365
amc@annandalemanagement.com

Please allow 7-10 days for processing.

