## Annandale Management Company REQUEST FOR DISCLOSURE PACKET Please allow 14 days for normal processing

Unit Owner:	Date of Request:	Date of Request:	
Address:			
Home Phone:	Office Phone:		
Ship To:			
City:	State:Zip	:	
Owners' Association A	ne sale of my Lot and pursuant to the provisions of Act ("Act") Condominium, I hereby request that the Packet for the Lot identified above.		
days of receipt of this	Association Disclosure Packet must be provided to request and that payment in full for preparation o ceived before the request is processed.		
Association document	ny improvements or alterations made to the Lot arts including the Declaration of Covenants, Conditional Guidelines adopted by the Association.		
I hereby designate this Association Discle	as my authori osure Packet on my behalf pursuant to Section 55	zed agent to receive. -512 A of the Act.	
I authorize Annandal	e Management Company to bill my account for	all charges.	
HOA- \$275.00 Condo	o- \$350.00 Express Charge \$75.00 3-5- Business	Days.	
	Owne	r	
	SEND REQUEST TO:		
_	Annandale Management Company 7825 – A Patriot Drive		

Annandale, Virginia 22003 703.328.5760

amc@annandalemanagement.com

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