



**Franklin Farm Foundation**  
 Disclosure Packet Request Form  
 Effective 10/1/2018

OWNER'S NAME(S): \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ LOT/UNIT #: \_\_\_\_\_

OWNER'S ADDRESS (if different): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OWNER'S PHONE NO: \_\_\_\_\_ CELL PHONE NO: \_\_\_\_\_

SETTLEMENT AGENT NAME: \_\_\_\_\_

SETTLEMENT AGENT ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ DATE OF SETTLEMENT: \_\_\_\_\_

REAL ESTATE AGENT/COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ CELL NO: \_\_\_\_\_

**Please check all that apply:**

- Electronic Package – \$263.00  
 Provide emails below:  
 Owner: \_\_\_\_\_  
 Agent: \_\_\_\_\_
- Hard Copy Package – \$293.00
- Rush Delivery (5 Business Days) – \$58.00
- Extra Copies – \$25.00

**Please check one:**

- Pay now or
- At settlement

**Amount Due to Franklin Farm: \$ \_\_\_\_\_**

**\*\*Please note – if the property does not go to settlement within 60 days, the homeowner's account will be charged the amount listed above.**

I, \_\_\_\_\_, hereby request resale disclosure information about Franklin Farm Foundation according to the terms of the Virginia Property Owners Association Act (POAA). **The POAA requires Franklin Farm Foundation to release the documents ONLY to the Owner or his/her authorized agent.** If the undersigned is an agent of the owner, please attach to this form the Owner's letter of authorization, a copy of the realtor contract, or Power of Attorney.

The Disclosure Documents will be available for pickup fourteen (14) days after the request has been received. If the "ready date" falls on a Saturday, the Disclosure Documents will be available for pick up the preceding Friday. The resale packet is valid for one year from today's date. Updates may be requested and will be provided per POAA requirements. In order to prepare the Disclosure Documents, Franklin Farm Foundation will inspect the exterior of the property and may need to enter upon the property to do so.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only**

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Packet Due Date: \_\_\_\_\_

Signature at time of Pickup: \_\_\_\_\_ Date: \_\_\_\_\_

Date Documents Emailed: \_\_\_\_\_