

## RESALE CERTIFICATE REQUEST

Homeowner's Association Name: \_\_\_\_\_

Requested Unit Address: \_\_\_\_\_

Managed By Pacific Rim Properties  
405 West 27<sup>th</sup> Avenue, Anchorage, AK 99503  
Phone: 563-3345 Fax: 762-5497

Unit Owner of Record \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

I hereby request that the above named Homeowner's Association provide to me a resale certificate pertaining to the unit referenced above. I understand that Pacific Rim Properties has **10 days** to complete the resale certificate after the receipt of payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*" Owner of record must sign "*

Resale will NOT be mailed or delivered and ONLY the owner of record or the person authorized below may sign for and pick up the resale:

R.E. Licensee \_\_\_\_\_ Phone # \_\_\_\_\_

Other \_\_\_\_\_ Phone # \_\_\_\_\_

**Any request to change the person authorized to pick up the resale must be in writing and be signed by the owner of record or R.E. Listing Licensee.**

Fee: (original certificate) \$200  Check # \_\_\_\_\_  
Additional rush fee (5 day guarantee) \$ 50

**\*\* Payable to Pacific Rim Properties, check or money order only.**

Received By: \_\_\_\_\_ Date \_\_\_\_\_

Pacific Rim Properties Time \_\_\_\_\_

Certificate Preparation Completed By: \_\_\_\_\_ Date \_\_\_\_\_

Contact of Owner/Rep. (Time & Method) \_\_\_\_\_

I have received the resale certificate for the above referenced unit.

Signature \_\_\_\_\_ Date \_\_\_\_\_