
PROPERTY CONCEPTS, INC.

Management and Maintenance

--- REQUEST FORM ---

CONDOMINIUM RESALE CERTIFICATE

NOTE: Washington State Law allows us ten (10) days for Resale completion. Payment is expected PRIOR to release of certificate. Please complete this form & return it with a check for \$275, payable to Property Concepts.

Mail or Fax this form to our office.

*Address: 5622 California Ave SW
Seattle, WA 98136-1515*

Phone: (206) 935-7951

Fax: (206) 935-7952

DATE OF REQUEST: _____

CONDOMINIUM: _____

UNIT #: _____

SELLER / OWNER: _____

MAILING ADDRESS: _____

REQUESTED BY: _____

TELEPHONE #: WORK: _____ HOME: _____

BUYER: _____

COMPLETED DOCUMENT:
TO BE PICKED UP/ CALL: _____

or
MAIL TO: _____

or
COURIER PICK-UP: To be arranged by & paid for by requestor

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Seattle, WA 98136-1515
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