

**The Homeowners Association of Heritage Ranch, Inc.**  
**RESALE CERTIFICATE REQUEST FORM**

From: Requestor \_\_\_\_\_ Company: \_\_\_\_\_  
(Seller, Title Co., Agent, Other)

Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**The fees listed below are REQUIRED to be paid at the time of the request.**

\_\_\_\_ Resale Certificate \$200.00 – Please allow 7-10 days for processing.

\_\_\_\_ Special Handling Fee (for same or next day service) \$50.00

\_\_\_\_ Refinance Certificate \$50.00 (**Written owner authorization required to collect at close**)

\_\_\_\_ Resale Certificate Update \$50.00 (**Written owner authorization required to collect at close**)

This Transaction is a: \_\_\_\_ Refinance \_\_\_\_ Sale \_\_\_\_ Update

**Required Information:**

Phase: \_\_\_\_ Lot: \_\_\_\_ Block: \_\_\_\_

Address: \_\_\_\_\_ Fairview, TX 75069

Seller Name(s): \_\_\_\_\_

Buyer Name(s): \_\_\_\_\_

GF/File #: \_\_\_\_\_ Closing Date: \_\_\_\_\_ Need by Date: \_\_\_\_\_

**Recipient name and address for Resale Certificate to be delivered to: (Required for mail or pick up)**

Company: \_\_\_\_\_ C/O: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Delivery Method (select one): \_\_\_\_ Mail \_\_\_\_ Courier \_\_\_\_ Pick-up.

You will be contacted with Package # prior to pick up.

\_\_\_\_\_  
**Signature of Requestor/Owner**

Additional Comments: \_\_\_\_\_