

For CAS, Inc. Use Only				
sent:				
by:				

## **Request for Homeowners Dues Information**

Please complete form electronically, save & email to closings@casnc.com

Form will be completed with dues information & emailed back to you.

(Normally not completed more than 2 weeks prior to closing date)

If you have any questions once you receive a completed request please call (910) 295-3791 option 2 or email closings@casnc.com

Da	Date:				
	Attorney Office:		Phone#		
At	Attorney:		Fax#		
Co	ontact:		Email:		
Clo	osing Date:				
Association:					
Pr	operty Address (including	unit# if applicable):	Lot#		
Seller(s):			Date purchased (if developer/builder):		
Buyer(s):					
(Please print EXACTLY as to appear on the deed)			(Please provide copy of CO)		
Bu	yer(s) mailing address	(If other than the property address): $\_$			
Bu	Buyer(s) phone #: Buyer(s) email address:				
			monthly / quarterly / semi-annual / annual		
completed by CAS, Inc.	Due from Seller(s):	Past Due/Builder Dues			
	Due from Buyer(s):				
mple		HOA Transfer / Move-In Fee			
e co	TOTAL TO BE COLLECTED AT CLOSING				
o be	PATADIF IU:				
То	Assessment Certification Fee (normally paid by the buyer) 3				

Please mail all checks/documents to: P.O. Box 83

Pinehurst, NC 28370

Seller should transfer all keys, remotes, cards, tags, passes, fobs, etc. for pool, community access, gates, tennis courts, etc. or buyer will be charged for replacements.