

# TRANSFER OF OWNERSHIP REQUEST

Date of Request: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Firm: \_\_\_\_\_ Lot #: \_\_\_\_\_

Requesting Attorney or Paralegal: \_\_\_\_\_

Firm/Attorney Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**North Fort Address:** \_\_\_\_\_

Seller(s) Current Mailing Address if non-resident:

\_\_\_\_\_

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

Buyer(s) Current Mailing Address:

\_\_\_\_\_

Buyer(s) Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please submit completed form to: [contact@northfortcommunity.com](mailto:contact@northfortcommunity.com)

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**Outstanding Annual Assessment Balance:** \_\_\_\_\_

**Transfer fee:** \_\_\_\_\_ \$200

**Current balance due** \_\_\_\_\_

Make Check Payable to: **North Fort HOA**  
Post Office Box 1766  
Clayton, NC 27528

**PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING**