Title Company: _____ Date: _____

Contact: _____ File #: _____

Phone: _____ Email: _____

Make payment to:
Bella Vista Townhouse Association
P O Box 5301
Bella Vista, AR 72714

Property Address: _____

Closing date: _____

Seller: _____

Buyer: _____

Buyer Mailing Address: _____
(Please provide the primary mailing address for the buyer)

Buyer Phone #: _____ Buyer Email: _____

The current annual assessment is $960.00. Assessment balance and owner transfer fee is required at closing.

_____ Date Assessment is currently paid thru

_____ Current Annual Assessment balance

_____ Delinquent Account Balance if applicable

$200.00 Mandatory Owner Transfer Fee

_____ Total amount to collect at closing

To process the change of ownership, we require a copy of the filed Deed to be sent to officemanager@bvth.com.

_____ _____

Bella Vista Townhouse Association Representative Date