

**BURKE CENTRE CONSERVANCY
POAA/DISCLOSURE PACKET REQUEST**

OWNER'S NAME(S): _____

PROPERTY ADDRESS: _____

OWNER'S ADDRESS (if different) _____

CITY: _____ STATE: _____ ZIP: _____

OWNER'S HOME PHONE: _____ OWNER'S WORK PHONE: _____

LOT NO: _____ SECTION: _____ DOG ON PREMISES: Y ___ / N ___

SETTLEMENT AGENT NAME: _____

SETTLEMENT AGENT ADDRESS: _____

PHONE: _____ DATE OF SETTLEMENT: _____

REAL ESTATE AGENT/COMPANY: _____

ADDRESS: _____

BUSINESS PHONE: _____ HOME PHONE: _____

In order to facilitate the sale of my Lot and pursuant to the provisions of the Virginia Property Owners' Association Act ("Act"), I hereby request that the Association furnish the Conservancy Disclosure Packet for the Lot identified above. I acknowledge that a property inspection will be performed in the preparation of the packet.

I understand that payment in full must accompany this request for preparation of the packet to be initiated. The Association Disclosure Packet must be provided to me within fourteen (14) days of receipt of this request.

Enclosed is a check in the amount of \$ _____ payable to the Burke Centre Conservancy for preparation of the Association Disclosure Packet.

I hereby do / do not (*circle one*) certify that any improvements or alterations made to the lot are not in violation of the Conservancy documents including the Declaration of Covenants, Conditions and Restrictions, the Bylaws and Architectural Guidelines adopted by the Conservancy.

I represent that, to the best of my knowledge, no deck, fence or other improvement at my property encroaches on Burke Centre open space and I acknowledge that the Burke Centre Conservancy would not waive such encroachment if it existed and was brought to the Conservancy's attention.

I hereby designate _____ (*name*) as my authorized agent to receive this Association Disclosure Packet on my behalf (once proper identification is presented) pursuant to Section 55-512A of the Act.

FEE: \$100.00-Fee Simple Properties
\$50.00 -Condominiums and/or Co-ops

Signature of Owner

*Payment must accompany this request. Requests for Disclosure Packets should be sent to or **dropped off** at the Burke Centre Conservancy, 6060 Burke Centre Parkway, Burke, VA 22015.*

(for office use only)

DATE REQUEST RECEIVED: _____ DATE DUE: _____

PACKET NO: _____ RECEIPT WRITTEN: _____ ROUTING SLIP WRITTEN: _____

NOTIFIED: _____ RECEIVED BY: _____