

**REQUEST FOR LETTER OF COMPLIANCE
VILLAGE OF TOWN CENTER**

DATE: _____

TO: COVENANT ADVISOR

PROPERTY ADDRESS: _____

CONDO ASSOCIATION: _____

SETTLEMENT DATE: _____

The undersigned property owner requests that the Covenant Advisor inspect the above-referenced property for compliance with the Village Covenants and understands that it may take several weeks for the request to be processed.

(SIGNATURE OF (OWNER))_____
(PRINTED NAME OF OWNER)_____
(OWNER'S MAILING ADDRESS)_____
(OWNER'S CELL PHONE #)_____
(OWNER'S EMAIL ADDRESS)_____
(REAL ESTATE AGENT'S NAME & COMPANY)_____
(AGENT'S PHONE #)_____
(AGENT'S FAX #)_____
(AGENT'S EMAIL ADDRESS)**NOTE: FORM MUST BE COMPLETE**