

Cascades Community Association

47620 Saulty Drive
Potomac Falls, VA 20165
Telephone: 703-406-0820
Fax: 703-406-0819

POA Disclosure Package Request Form PLEASE TYPE OR PRINT LEGIBLY

Seller (Owner) Requesting Packet: _____

Property Address: _____

Delivery Options:

- Call for pick up: Contact name and phone number :** _____

- Mail to:** _____

I am requesting a Disclosure Package for the above referenced property. Enclosed is a check in the amount of \$100.00 made **payable to Legum & Norman.**

The Property Owners Act of Virginia gives the Association fourteen days from the date of receipt of this Request to provide such Disclosure Package.

Signature of Seller or Authorized Agent

Daytime Telephone Number

FINANCE DEPARTMENT: Is Homeowner on direct debit: _____
Assessments: _____ **Per Quarter** Paid Through: _____
Other entity or facility: _____ Riverbend, Lowes Island Condos, Medinah Condo's, etc.
Total assessments now due: _____
Assessments Verified By: _____ Date: _____
Transfer Fee: \$55.00

Date of Receipt of Written Request: _____

Check number: _____

Date Package Completed: _____

Date of Check: _____

Printed name of person receiving package: _____

Signature: _____ **Date:** _____