Resale Certificate Request Form

D.A Rich Company 2067 Barnum Avenue, Unit C, Stratford, CT 06615

Complete the following form to request a resale certificate under CGS 47-270 and provide the appropriate fee for each resale certificate request (\$125 for first issue) by law, a certificate will be provided within 10 business days of receipt of your request. An expedited certificate will be sent priority mail within 3 business days. PLEASE PRINT clearly and return to D.A Rich Company with applicable fee.

| Date of Request | · | | | | |
|---------------------------|--------------------------|---------------|-------------------------------|---------------|---------------------------------------|
| Type of Request | (fee req'd):Ne | w Certificate | (\$125) | Expedited | Certificate (\$175) |
| Residential Unit | Owner(s)/Seller(s): | | | | |
| Residential Unit | Street Address: | | | Condo/Unit Nu | mber |
| Seller's Attorney | Name | | | | |
| | Address | | | | |
| | City | | State | | Zip |
| | Phone Number | | Fax Number | | |
| Buyer's Attorney | <i>/</i> : | | | | |
| | Name of Buyer's Attorney | | Telephone of Buyer's Attorney | | |
| | Address | | | | · · · · · · · · · · · · · · · · · · · |
| | City | | State | | Zip |
| | Fax Number | | Email Add | lress | |
| Anticipated Closing Date: | | | Anticipated Sale Price: | | |
| Buyer's Name(s) | : | | | | |
| Buyer's Address: | | | | | |
| | Address | City | State | Zip | |
| Delivery of Certif | ficate (Choose One) | · | | | |
| Mail the Ce | rtificate via priority | Mail to: Buye | r's AttyS | eller's Atty | |
| Pick Up th | ne Certificate: | | | | |

Print Name of the person picking up certificate