



**ASSESSMENT LETTER REQUEST FORM
GREEN TRAILS IMPROVEMENT ASSOCIATION**

TODAY DATE: _____

CLOSING DATE: _____

SELLER INFORMATION

REQUESTER BY: Homeowner Homeowner Attorney Realtor

SALE: _____ REFINANCE: _____

REQUESTER'S NAME: _____

REQUESTER'S EMAIL: _____

REQUESTER'S PHONE: _____

SELLER NAME: _____

PROPERTY ADDRESS: _____

SELLER EMAIL ADDRESS: _____

SELLER ATTORNEY: _____

ATTORNEY PHONE: _____

ATTORNEY EMAIL: _____

OTHER: _____

BUYER INFORMATION

BUYER NAME: _____

BUYER EMAIL ADDRESS: _____

BUYER PHONE: _____

WILL THE BUYER OCCUPY THE RESIDENT: Yes: No:

If no; please provide the Buyers Contact Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Office Use Only

Account Number: _____ Area: _____ Account Status: _____

Date Sent: _____ Via: _____

Date System Updated and Closing Date: _____ Date Welcome Info Sent: _____

Comments: _____

Green Trails Improvement Association
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