

**PRELIMINARY INFORMATION SHEET  
RESALE CERTIFICATE (3407)**

**RETURN TO THE GALMAN GROUP WITH PAYMENT-  
ATTN: CONDO DEPARTMENT**

DATE: \_\_\_\_\_

NAME OF CONDOMINIUM: Chesterview Condominium Association

ADDRESS: \_\_\_\_\_

SELLER \_\_\_\_\_ PHONE \_\_\_\_\_

BUYER: \_\_\_\_\_ PHONE \_\_\_\_\_

RESIDENT INVESTOR

ADDRESS (IF INVESTOR) \_\_\_\_\_ PHONE \_\_\_\_\_

TITLE COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

Contact \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_

POSSIBLE DATE OF SETTLEMENT: \_\_\_\_\_

SALES PRICE: \_\_\_\_\_

MORTGAGE LENDER: \_\_\_\_\_ PHONE \_\_\_\_\_

SELLER'S REALTOR/BROKER \_\_\_\_\_ PHONE \_\_\_\_\_

MAIL PACKAGE TO:    seller's realtor                      seller
Attention: _____ Phone _____
Address: _____ Fax _____

**\$250.00** \_\_\_\_\_ **Check No.** \_\_\_\_\_

**PAYABLE IN ADVANCE TO:**    The Galman Group  
   P.O. Box 646  
   Jenkintown, PA 19046  
   215-886-2000    Fax: 215-886-4972  
   Email: sherzog@galmangroup.com

3407 PACKAGE SENT \_\_\_\_\_ INITIALS \_\_\_\_\_