

M.L.E.P.O.A., INC.
103 Lake Drive ♦ Dingmans Ferry, PA 18328
Phone 570-828-8244 ♦ Fax 570-828-9370
E-Mail: info@marcellakeestates.org

REQUEST FOR RESALE PACKET

Date Requested: _____ Closing Date: _____

Resale Pick-Up by: ☐ Agent ☐ Homeowner ☐ New Owner
(we do not mail or email resale packets)

When scheduling the closing date, please be aware the turnaround time is ten (10) business days from the time payment is received. Payment is required prior to the start of packet preparation.

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone #: _____ Cell#: _____

Email: _____

Property Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Internal use only

Account#: _____ Lot#: _____ Block#: _____

Number of improved Lot: _____ Number of adjoined Lot: _____ Number of vacant Lot: _____
(\$250.00 each) (\$83.33 each) (\$250.00 each)

Packet put together by: _____ on: _____

Amount Due: _____

Paid on: _____ Check #: _____

Resale packet picked up by: _____ on: _____

Print Name _____