



RESTON TOWN CENTER
A S S O C I A T I O N

RESALE PACKET REQUEST

DATE: _____

PROPERTY NAME: _____

STREET ADDRESS: _____

UNIT #: _____

NAME OF SELLER: _____

CONTACT NAME: _____

CONTACT NUMBER: _____

FEES:

_____ \$45.00 Pick up at office

_____ \$50.00 1st class mail

Address: _____

_____ \$75.00 Overnight service

Address: _____
