

## **INTENT TO SELL**

Property Address:	
Date you anticipate placing home on the market: _	
Person in Charge of Sale:	
Address:	
Email:	
Cell Phone: Pho	ne:
Who are you using to sell your home?	
Medvil Cooperative (Note: if using Medvil Cooperative, skip to Homeo	wner/Representative Statement)
Outside Realtor	
Company Name & Address:	
Name of Agent:	Cell Phone:
Homeowner/Representative Statement	
I/Weand	
(□ owners □ representatives) hereby give a 30- manufactured home listed above. It is understood the monthly lot fee (including any late fees and/or until the date of closing, as outlined in the Occupa that keys will be delivered to the new owners at the upon time.	day notice of intent to sell the there is a legal responsibility to pay fines associated with the property) ncy Agreement. It is also understood
Signature of Homeowner or Representative	Date
Please submit the completed form to the Medvil Maintenanc on the wall in the mail room at the Donald Drive Club House	
157 Donald Drive, Goffstown NH 03045 ~ (603) 497 medvilrealestate@gmail.com ~ www	