

**FirstService Residential**

3000 Davenport Avenue Suite 201, Canton, MA 02021  
Phone 617-221-1000 Fax 617-479-8819

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*Information Request Form for the Sale of a Unit*

Today's Date: \_\_\_\_\_ Closing Date (required): \_\_\_\_\_

Name of Seller: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Seller's Phone Number & Email: \_\_\_\_\_

- Person Acting on My Behalf (i.e. broker, attorney): \_\_\_\_\_
- Company & Address: \_\_\_\_\_
- Contact Phone & Email: \_\_\_\_\_

Sale Price: \_\_\_\_\_ Will Buyer be living in the unit? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of Buyer: \_\_\_\_\_

Buyer's Current Address: \_\_\_\_\_

Buyer's Phone Number & Email: \_\_\_\_\_

Send welcome package to this email address: \_\_\_\_\_

If you prefer a welcome package mailed, please specify to what name and address:

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