

NAME:	WEEK		
ADDRESS:	NO. OF BEDROOMS: 2		
CITY, STATE, ZIP <u>:</u>			
HOME PHONE: ()			
CELL PHONE: ()			
EMAIL:			
ASKING PRICE (before a 20% commission is added on): \$ For example, if you write in \$2000, it will appear as \$2400 on the resale list.  BEGINNING YEAR OF OCCUPANCY FOR BUYER:  MORTGAGE PAID IN FULL: YES OR NO  IF YOUR MORTGAGE IS PAID IN FULL, HAS YOUR MORTGAGE BEEN DISCHARGED AND RECORDED AT THE HANCOCK COUNTY REGISTRY OF DEEDS?			
		YES OR NO OR N/A	
		IF YOU ARE UNSURE, YOU MAY CONT	TACT THE REGISTRY AT 207-667-8353.
		WILL YOU TRANSFER YOUR ACTIVE INTE	ERVAL INTERNATIONAL MEMBERSHIP?
		YES OR NO OR N/A	
IF YES, DO YOU HAVE DEPOSITED WEEKS	YOU ARE WILLING TO TRANSFER?		
YES OR NO OR N/A			
I UNDERSTAND THAT I AM RESPONSIBI	LE FOR THE MAINTENANCE FEES UNTIL		
THE DEED IS TRANSFERRED TO AN	OTHER BUYER (INITIAL HERE)		
The undersigned understand that Harbor Ridge does courtesy, the Harbor Ridge Condominium Associat The Condominium Association can perform the dee	ion provides the resale list to prospective buyers.		
Name Date	Name Date		

Please return to:

Harbor Ridge, PO Box 725, Southwest Harbor, ME 04679 207-244-4500 FAX ~ info@harborridge.com