

Request for Pro-Rated Fees Invoice



New Home Purchases Request for Pro-Rated Fees Invoice

Date of Request: _____

Purchaser(s) Name(s): _____

Purchaser(s) Email Address _____

Purchaser(s) Phone Number _____

Address (in Rockland Park) _____ Postal Code: _____

Legal Description: _____

Plan

Block

Lot

Unit (if applicable)

Possession Date: _____ Builder: _____

Send Pro-Rated Fees Invoice to:

Company: _____ Attention: _____

Address _____ City: _____ Postal Code: _____

Email Address: _____

Phone Number: _____

Please allow up to three (3) business days for processing
This form is available on our website (see below)