



Receipt Book #: _____

Resale Certificate
Request Form

Date: _____ Requesting Party: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Requesting Party Address: _____

Property Information

Owner Name: _____

Neighborhood: _____

Street Address: _____

NTRCA Account Number: _____

Section: _____ Lot: _____ Block: _____

Delivery Information

Information Will Be Picked Up By: _____

Phone Number: _____ Fax Number: _____

Address: _____

ONLY MONEY ORDERS AND CASHIERS CHECKS ARE ACCEPTED

Make payable to: NTRCA
\$150.00 for up to 10 working days
\$300.00 for up to 3 working days

NTRCA Use Only

Date Received: _____ Association Rep: _____

Payment Method: _____ Payment Amount: _____

Cashiers Check # _____ Realtor Check #: _____

Money Order #: _____