Transfer of Ownership Information and Request for Final Fees

Buffalo Highlands Metropolitan District

141 Union Blvd., Suite 150, Lakewood, Colorado 80228 Phone: 303-987-0835 Fax: 303-987-2032 please email request to: final@sdmsi.com

Today's Date:	Date of Final/Closing:	
Title Company:		
Title Company address:		
Phone:	Fax:	
Closer/Assistant:		
	Lot:	Block:
Property Address:		
Seller:		
Phone:		•
Buyer:		
Phone(s):		
E-mail address (s):		
Will new owner/owners be occupying the prop	perty? (check one)	No
If no, please provide mailing address: _		
- City/State/Zip: _		

PLEASE ALLOW A 48 HOUR TURN AROUND TIME

PLEASE FAX OR MAIL IN (WITH PAYMENT) WARRANTY DEED AFTER CLOSING FOR OUR RECORDS

Thank you for your time and cooperation in this matter.

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BUYER CONTACT INFORMATION

NAME:	
ADDRESS:	
PHONE NUMBER: (H)	(C)
EMAIL ADDRESSES:	
(Your email address will NOT be shared with individental to assure prompt and timely communicate with individental to assure prompt and timely communicate with individental to assure prompt and timely communicate with individental times.)	dual owners and the Community through
IF YOUR HOME IS A RENTAL PROPERTY OF MAILING ADDRESS FOR HOA BILLING AN	D CORRESPONDENCE:
DI IVED SIGNATUDE.	DATE:
BUYER SIGNATURE:	DATE:
BUYER SIGNATURE:	DATE: