

Highline Crossing 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: _____

District Account #: _____ Lot: _____ Block: _____

Property Address: _____

Seller: _____

Phone: _____

Buyer: _____

Phone: _____

Will new owner/owners be occupying the property? (check one) Yes 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 other members of the Community. We frequently communicate with individual owners and the Community through email to assure prompt and timely communication).

IF YOUR HOME IS A RENTAL PROPERTY OR SECOND HOME, PLEASE PROVIDE MAILING ADDRESS FOR HOA BILLING AND CORRESPONDENCE:

BUYER SIGNATURE: _____ DATE: _____

BUYER SIGNATURE: _____ DATE: _____