

WILDFEATHER PROPERTY OWNERS ASSOCIATION PROPERTY SALE/TRANSFER REQUEST

To receive a letter for closing in any real estate transaction regarding a Paid Assessment Letter please fill out all the following information or the request will not be processed. *If paid at Closing Attorney Information is required*

Date of Request: _____

Projected Closing Date: _____

\$250 Document Fee Payable to Wildfeather POA

Mail to: Wildfeather POA
8916 E Teal Lane
Wilmington, IL 60481

☐ Check Enclosed
☐ Paid at Closing -
Form can be emailed to:
wildfeatherhoa@gmail.com

Address of Property: _____

Lot Number: _____

PIN Number: _____

Buyer Contact Information

Owner 1

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Owner 2

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Sellers Contact Information

Name: _____

NEW Mailing Address: : _____

Phone Number: _____

Email Address: _____

Requestors Information (If different from homeowner and paid at closing Attorney Info Required)

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Following closing please mail a *copy of the transfer of title* to Wildfeather POA at the *above address*. Bylaws, rules and regulations can be found at www.wildfeatherhoa.com