

# 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)