



PRE-SALES INSPECTION PROGRAM

BUYERS INFORMATION REPORT

TO BE COMPLETED AT SETTLEMENT AND FAXED WITHIN 3 (THREE) DAYS

DATE OF TRANSFER: _____

ADDRESS OF PROPERTY: _____

NUMBERS OF UNITS: _____

NAME & ADDRESS OF NEW OWNER: _____

CONTACT PERSON - PHONE NUMBER: _____

SETTLEMENT AGENT: _____

PHONE: _____

PROPERTY TO BE USED AS (Please check one):

PRIMARY RESIDENCE RENTAL*

NEW RENTAL PROPERTIES MUST ALSO FILE A RENTAL APPLICATION

ORDINANCE 1751.11 COMPLIANCE

THE BUYER AND/OR THEIR AGENT, SHALL WITHIN 3 (THREE) BUSINESS DAYS OF TRANSFER OF TITLE, PROVIDE TO THE CITY OF CHESTER, LICENSING AND INSPECTIONS DEPARTMENT THE BUYER'S NAME, ADDRESS AND DATE OF TRANSFER.