



PO BOX 83 PINEHURST, NC 28370  
 PHONE (910) 295-3791 FAX (910) 295-0182  
 E-MAIL [closings@casnc.com](mailto:closings@casnc.com)

For CAS, Inc. Use Only
sent: _____
by: _____

### Request for Homeowners Dues Information

Please complete form electronically, save & email to [closings@casnc.com](mailto:closings@casnc.com)

Form will be completed with dues information & emailed back to you.

*(Normally not completed more than 2 weeks prior to closing date)*

If you have any questions once you receive a completed request, please call (910) 295-3791 option 2 or email [closings@casnc.com](mailto:closings@casnc.com)

Date: \_\_\_\_\_  
 Attorney Office: \_\_\_\_\_ Phone# \_\_\_\_\_  
 Attorney: \_\_\_\_\_ Fax# \_\_\_\_\_  
 Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Closing Date: \_\_\_\_\_  
 Association: \_\_\_\_\_  
 Property Address (including unit# if applicable): \_\_\_\_\_ Lot# \_\_\_\_\_  
 Seller(s): \_\_\_\_\_ Date purchased (if developer/builder): \_\_\_\_\_  
 Buyer(s): \_\_\_\_\_ CO issue date (if new construction): \_\_\_\_\_  
 (Please print EXACTLY as to appear on the deed) (Please provide copy of CO)  
 Buyer(s) mailing address (If other than the property address): \_\_\_\_\_  
 Buyer(s) phone #: \_\_\_\_\_ Buyer(s) email address: \_\_\_\_\_

<b>To be completed by CAS, Inc.</b>	Dues _____ monthly / quarterly / semi-annual / annual
	Due from Seller(s): Past Due/Builder Dues _____ Special Assessment _____
	Due from Buyer(s): Dues _____ Working Capital _____ Storm Water Fee _____ HOA Move-In/Out Fee _____
	<b>TOTAL TO BE COLLECTED AT CLOSING</b> _____ PAYABLE TO: _____ <b>Statement of Unpaid Assessment Fee * _\$200.00_ PAYABLE TO: <u>CAS, Inc.</u></b> <b>Additional \$100 Rush Fee for requests made within 48hrs of closing</b>

**Please mail all checks/documents to: P.O. Box 83  
 Pinehurst, NC 28370**

**Seller should transfer all keys, remotes, cards, tags, passes, fobs, etc. for pool, community access, gates, tennis courts, etc. or buyer will be charged for replacements.**