



Sound Marine Solutions, Inc.
Marina Management • Engineering & Consulting
Captain Service

REQUEST FOR RESALE CERTIFICATE

Name of Current Owner: _____

Slip Number: _____ Contact Phone #: _____

Association Name: Caswell Cove Marina Association, Inc.

Seller's Attorney: _____

Attorney Address: _____

Phone: _____ Fax: _____

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Name of Purchaser: _____

Address: _____

Make, Model and Size of Vessel _____

Contact Phone #/E-mail: _____

Buyer's Attorney: _____

AttorneyAddress: _____

Phone: _____ Fax: _____

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Realtor: _____

Address: _____

Phone: _____ Fax: _____

Estimated Closing Date: _____ Selling Price: _____

Resale Certificate to be Mailed To: _____

A Resale Package for the sale of the above referenced property will be provided upon receipt of the completed form and remittance.

**Please return this form and remittance of \$125.00 to: Sound Marine Solutions, Inc.
434 Popes Island Road
Milford, CT 06461**

434 Popes Island Road, Milford, CT 06461 • p. 203-496-2667 • f. 203-876-7251
davidp@soundmarinesolutions.com • www.soundmarinesolutions.com

