

**LEHIGH RIVERPORT REQUEST FOR RESALE CERTIFICATE PACKAGE  
 REQUESTING FOR ADDRESS # [REDACTED], 11 W. 2<sup>nd</sup> Street, Bethlehem, PA 18015**

**SELLER INFORMATION**

Seller's Name	
Seller's Mailing Address <b>AFTER</b> settlement	
Phone #	(      )

**BUYER INFORMATION**

Date of Settlement	
Name	
Phone #	(      )
<b>Buyer's E-mail</b>	
<b>Buyer's Mailing Address AFTER settlement</b>	

**REQUESTING PARTY**

Name	
Phone #	
Relation to Owner	

**\*Please make check payable to LEHIGH RIVERPORT C.A in the amount of \$275.00 and submit completed form to the managing agent NAI Summit at the address above.**

**Please select one:**

Pickup at Lehigh Riverport lobby office  
 Name & Phone number to confirm package is ready for pickup \_\_\_\_\_

Mail to (Name & Address) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Resale certificate will be issued within 7 business days of payment and if mail option requested will be mailed via 1<sup>st</sup> class mail.***

**Internal Use Only**

Date Fee paid: _____	Certificate Pkg. Prepared: _____
____ Certificate letter	____ Resolutions
____ Insurance	____ Handbook
____ Financial Statement	____ Account statement
____ Budget	
____ Declaration	
____ Bylaws	