

# Museum Park Lofts Condominium Association

125 East 13<sup>th</sup> Street, Chicago, IL 60605  
Phone: 312.235.0486 Fax: 312.566.9553  
E-mail: cherie@forthgrp.com

## Notice of Intent to Sell/Purchase or Lease Confirmation Form

Seller: \_\_\_\_\_

Buyer: \_\_\_\_\_

Unit # \_\_\_\_\_ Parking space # \_\_\_\_\_

This document along with others must be completed by the appropriate parties and provided to the Management Office. All information obtained herein is for the confidential use of the Museum Park Lofts Condominium Board and Management Company.

The current owner (seller) and the current purchaser warrant that all statements and information set forth herein are true and complete and authorize verification of all information provided hereon.

Seller(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Seller(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Lease:** \_\_\_\_\_

Lessor: \_\_\_\_\_

Lessee: \_\_\_\_\_

Unit # \_\_\_\_\_ Parking \_\_\_\_\_ Space  
# \_\_\_\_\_

This document along with others must be completed by the appropriate parties and provided to the Association's Management Office. All information obtained herein is for the confidential use of the Museum Park Lofts Condominium Board and Management Company.

Lessor(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Lessee(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

### **PURCHASER PLEASE COMPLETE THIS SECTION**

Check one: \_\_\_\_\_ I will be living on-site  
                  \_\_\_\_\_ I will be an investor owner and lease this unit to a tenant

Buyer(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Buyer(s) Signature \_\_\_\_\_ Date \_\_\_\_\_