

CONSENT

FOR RELEASE OF INFORMATION BY WELLESLEY HOMEOWNER'S ASSOCIATION

The undersigned anticipating the sale of my/our home in Wellesley subdivision, provide the information regarding the sale stated below and does/do hereby grant permission to Wellesley Homeowner's Association to provide to the title insurance company, closing attorney, or relocation service identified below and its employees and agents any and all information relating to my/our membership in Wellesley Homeowner's Association, including but not limited to the status of my/or payment of initiation fees, annual assessments, special assessments, and other fees and charges made or imposed by Wellesley Homeowner's Association.

Property address: _____ Lot No. _____

Name(s) of buyer(s) as it/they will appear on deed: _____

Scheduled closing date: _____, 20____.

Title insurance company, closing attorney, or relocation service: _____

[signature]

Print Name: _____

Date: _____

[signature]

Print Name: _____

Date: _____