

**CITY OF ALLENTOWN
PRE-SALES INSPECTION PROGRAM**

BUYERS INFORMATION REPORT

TO BE COMPLETED AT SETTLEMENT AND FAXED WITHIN 3 (THREE) DAYS

DATE OF TRANSFER: _____

ADDRESS OF PROPERTY: _____

NUMBER OF UNITS: _____

NAME & ADDRESS OF NEW OWNER: _____

CONTACT PERSON -- PHONE NUMBER: _____

SETTLEMENT AGENT: _____

PHONE: _____

PROPERTY TO BE USED AS (Please check one):

PRIMARY RESIDENCE

RENTAL

ORDINANCE 1760.04 (B) COMPLIANCE

THE BUYER AND/OR THEIR AGENT, SHALL WITHIN 3 (THREE) BUSINESS DAYS OF TRANSFER OF TITLE, PROVIDE TO THE CITY OF ALLENTOWN, BUREAU OF BUILDING STANDARDS & SAFETY, THE BUYER'S NAME, ADDRESS AND DATE OF TRANSFER.

CITY OF ALLENTOWN
BUILDING STANDARDS AND SAFETY
641 S 10TH STREET
ALLENTOWN PA 18103-3173
PHONE # 610-437-7694 FAX: 610-437-7693