



THE HARBORSIDE INN CONDOMINIUM TRUST INC.
NEW OWNER TRANSFER FORM – From Previous Owner to Harborside Inn

Unit : _____ Week : _____

Previous Owner/s

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell : (____) _____ Home: (____) _____ Office: (____) _____

E-mail : _____ @ _____ . _____

Taxpayer ID # _____

****Owner must be in a good standing for the current year; i.e. Maintenance Fees and any other Fees are paid in full at the time of the deed transfer***

New Owner/s

Name: _____ HARBORSIDE INN CONDO TRUST _____

Address: _____ P.O. BOX 67 _____

City: _____ EDGARTOWN _____ State: _____ MA _____ Zip Code: _____ 02539 _____

Both parties will receive notification once all pertinent documentation is completed.

Agreed and accepted by :

Previous Owner/s

Signature: _____ **Print Name:** _____ **Date:** _____

Agent of the Association

Signature: _____ **Print Name:** _____ **Date:** _____

Office Use Only: Date Received Recorded Deed : _____/_____/_____ Initials:_____