

## CLOSING FORM

Submit this form after you close on your property in order to receive payment due to you from the VAP.

# Dow Value Assurance Program CLOSING FORM

*You must submit one Closing Form per property.*

I owned eligible property that is part of the Tittabawassee River Conservation Program and sold it following VAP procedures.

Please print all responses unless otherwise noted.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Property Location</b>
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Name of Owner(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

<b>Your Contact Information</b>
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Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

<b>Purchaser Information</b>
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Purchaser Name(s): \_\_\_\_\_

Purchaser Phone Number: \_\_\_\_\_

Date of Closing: \_\_\_\_\_

<b>Signatures</b>
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Owner (Seller) \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Co-Owner's Signature, if any \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

*Important Note: The Social Security Number of each owner is required in order to submit forms to the Internal Revenue Service for any monies that you receive from this program.*

Real Estate Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Closing Form plus a copy of the executed Buy and Sell Agreement, closing statement, and recorded deed must be emailed to [PropertyAdministrator@alvarezandmarsal.com](mailto:PropertyAdministrator@alvarezandmarsal.com) within 30 days of closing in order for your claim to be processed.