



The Standard Form (revised 10/07) of: New Orleans Metropolitan Association of REALTORS®, Inc. aid,Northshore Area Board of REALTORS® Saints Board of REALTORS® For exclusive use of REALTORS® REALTOR® Boards provide this form as an and not as legal advice. REALTOR® members assume no responsibility for unauthorized use.

RE:						
	ADDRESS	UNIT#	CITY	STATE	ZIP	
		RECEIPT ACKI CONDOMINIU	_			
	•	eceipt of the documents reement to Buy or Sell		the Condominium		
Sign Buyer's Full Name			Sign Buye	Sign Buyer's Full Name		
Print Buyer's Full Name			Print Buye	Print Buyer's Full Name		
Day	Date	Time AM/PM	Day	Date	Time AM/PM	
the cont	has reviewed all	EPTANCE OF CON Condominium Docume ondominium Addendum	ents and accep	ts them in their en		
Sign Buyer's Full Name			Sign Buye	Sign Buyer's Full Name		
Print Buyer	r's Full Name		Print Buye	Print Buyer's Full Name		
Day	Date	Time AM/PM	 Day	Date	Time AM/PM	