



85 W. Combs Road, Suite 101-348
Phone 480-668-3722 Fax 1-480-304-4834

Service Request Form

Resort Name _____

Membership _____

Account _____

Req. Service: transfer _____

Unit _____

Week _____

Points _____

Parcel No. _____

About the Owner(s):

Grantor-Seller

First Owner

Second Owner

Owner Name _____

Owner Address _____

City _____ State _____ Zip _____

Phone Numbers _____

Email Address _____

Processing Fee

**375.00 to 475.00 made payable to
Dedicated Timeshare Services**

Resort Transfer Fee _____

Grantee-Buyer

First Owner

Second Owner

Owner Name _____

Owner Address _____

Zip _____

Email Address _____

Phone Numbers _____

About the Property:

Interval Number _____

Tax Parcel Number _____

Unit Size/Name _____

Season/Week # _____

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Grantee Vesting Information

Title is to be vested (held) as:

A single person has *never* been married

- ☐ A single man, as sole and separate property
- ☐ A single woman, as sole and separate property

An unmarried person has been, but is no longer married

- ☐ An unmarried man as sole and separate property
- ☐ An unmarried woman as sole and separate property
- ☐ Husband and wife, as Joint Tenants
- ☐ Husband and wife, as Tenants in Common
- ☐ Husband and wife, as Community Property (Note: not an option for Hawaiian properties)
- ☐ Trustees of a living or family trust (please provide a copy of the trust document)
- ☐ Other: _____