



Memorial Club Townhouses Association

2026 CERTIFICATE OF COMPLIANCE

Date: _____ (Must be submitted 14 days prior to the scheduled sale.)

Estimated Closing Date: _____

Property Address: _____

Requestor Name: _____

Telephone Number: _____

Email Address: _____

Patio Gate Locked ☐ YES ☐ NO (If gate is locked an inspection cannot be complete on the back of the home)

Title Company Name _____ Phone _____

Email Address of Title Agent _____

Closing Date _____

Please make checks payable to MCTA:

\$100.00 – Request complete in five (5) days

\$150.00 - Request complete in three (3) days

\$200.00 – Request complete in 24 business hours

CERTIFICATE IS VALID FOR 30 DAYS – REINSPECTION FEE IS \$50.00

No inspection will be complete without prior payment.

FOR OFFICE USE ONLY

Payment Received: _____ Payment Amount: _____

Certificate Completed Date: _____

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Website: www.memorial-club.org