

DOCUMENT REQUEST FOR SALES AND/OR REFINANCE OF CONDOMINIUM UNIT(S)

[ ] New Sale [ ] Refinance

(Place an X to indicate services requested)

- 1. [ ] \$50.00 For 6(d) Certificate... 2. [ ] \$75.00 For ActionVest's Uniform Project Questionnaire... 3. [ ] \$100.00 to \$400.00 For Bank's Uniform Project Questionnaire... 4. [ ] \$25.00 For Condominium Documents... 5. [ ] \$10.00 For Monthly Financial Statement... 6. [ ] \$10.00 For Annual Meeting Minutes/Per Year... 7. [ ] \$ 5.00 For an ActionVest Confirmation Letter... 8. [ ] \$50.00 For RUSH Service... 9. [ ] \$40.00 For Express Mail or Courier Service... 10. [ ] INSURANCE CERTIFICATE: Certificates are obtained directly from the Insurance Agent, not the Management Company

TOTAL DUE: \$\_\_\_\_\_ Made Payable To: ActionVest Management Corp. [Payment must be received in order for the documents to be released. We accept cash, check, or money order only]

ALL MONEY COLLECTED IS NON-REFUNDABLE

Date of Request: \_\_\_/\_\_\_/\_\_\_ Condominium Name: \_\_\_\_\_

Real Estate Broker: \_\_\_\_\_ Phone/Fax #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Unit Owner Name(s): \_\_\_\_\_

Unit Owner Phone #: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

\*Buyer(s) Name: \_\_\_\_\_

\*Buyer(s) Address: \_\_\_\_\_

\*Buyer(s) Phone #: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

\*Buyer(s) Email Address: \_\_\_\_\_

Closing DATE: \_\_\_/\_\_\_/\_\_\_ Monthly Fee: \$\_\_\_\_\_ Account Balance: \$\_\_\_\_\_

Will the new owner be living in the unit? [ ] Yes [ ] No

I/We are ordering the information initialed above and thereby I/we the undersigned owner(s) hereby authorize ActionVest Management Corp. to release information for the above transaction concerning the unit and the Association including pending litigation (if any). ActionVest Management Corp., is providing information in reference to this transaction in its capacity as Agent for the Association or Trust, to the best of its knowledge or belief. Information is gathered and sources deemed to be reliable, however, ActionVest Management Corp. does not warrant or guarantee the accuracy of this information and you are urged to verify this information through other sources. Unit owner agrees to indemnify and hold ActionVest Management Corp. and the Association or Trust harmless on any claim arising from the receipt of such information. I/We agree to pay ActionVest Management Corp. the total amount due for the items/services requested.

Signature of Unit Owner or Authorized Rep

Unit Owner Name (Print)

Office Use Only:

- [ ] Yardi
[ ] MI Packet / Welcome Letter / CAB Info / Insurance Addendum (Alton, Beacon, BPCA, Carriage, Corey, Stony)
[ ] Contacts - Email
[ ] Trustee Change and Trustee Notification
[ ] Intercom & Mailbox Label
[ ] Parking
[ ] Direct Deposit Form
[ ] Move-In Fee (Hancock-\$250, WOTS-\$100, Stockholm-\$250)
[ ] Move-Out Fee (Hancock-\$250, 303-315Elm-\$250, 110S-\$100, 80R-\$200, 80W-\$100, 143P-\$250, 15T-\$250, 70R-\$50, 241R-\$250, Stony Brook-\$50, Beacon-\$300, Corey-\$50, Stockholm-\$250)
[ ] Email Drip
[ ] Order Coupon Book (No 15T, 157C, 411-429, Alton, Beacon)