

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 – In order to obtain a 6(d) Certificate, all condominium fees and Assessments must be paid through the end of the month. Please allow 5 to 14 days (rush service may NOT be available for this request)
2. [] \$75.00 For ActionVest’s Uniform Project Questionnaire – aka. Condo Questionnaire/Mortgage Questionnaire. Please allow 5 to 7 days
3. [] \$100.00 to \$400.00 For Bank’s Uniform Project Questionnaire – to be filled out by Condominium Association’s attorney. Please allow 7 to 10 days (note: this is an estimated cost & time, rush service is NOT available for this request)
4. [] \$25.00 For Condominium Documents – Includes Master Deed, Trust, By-Laws, and any Amendments if recorded. Please allow 3 to 5 days
5. [] \$10.00 For Monthly Financial Statement – Includes Balance Sheet, Income Statement, and Annual Budget/Per Year. Please allow 3 to 5 days
6. [] \$10.00 For Annual Meeting Minutes/Per Year. Please allow 3 to 5 days
7. [] \$ 5.00 For an ActionVest Confirmation Letter. Please allow 3 to 5 days
8. [] \$50.00 For RUSH Service – If needed within 48 Hours
9. [] \$40.00 For Express Mail or Courier Service – If Requested
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 (Beacon, BPCA, 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, 452W, Beacon)