

Franklin Square Management

Address: _____

Unit #: _____ Owner: _____

REFI/ Sale Document Order Form

Please return completed form to:

Cheryl Gray

508-695-9006 x104; cheryl@frsqm.com

Document Services Fees: (please check all that apply)

The following fees are payable to **Franklin Square Management**:

- ☐ \$150.00 6(d) Certificate
Note: In order to release a 6(d) Certificate, all condominium fees for the entire month in which the closing takes place must be paid "in full", as well as all other applicable fees.
- ☐ \$25.00 Certificate of Insurance
Note: Please complete the New Mortgage Information section, below.
- ☐ \$150.00 Condominium Association Information Form (condo questionnaire)
- ☐ \$150.00 Legal Documents (Master Deed, Declaration of Trust, Rules & Regulations and Amendments)
- ☐ \$50.00 Financial Statements: Year-End, Monthly, & Current Operating Budget
- ☐ \$30.00 Copy of Approved Meeting Minutes (if available, the past 3 meetings)
- ☐ \$50.00 Express Mail Service (FedEx, next day service)
- ☐ \$50.00 Rush Service (within 48 hours)

Note: Rush Service requires bank check or money order for all document & condominium fees.

Payment for Documents: Enclosed is check # _____ (bank check or money order for rush orders) in the amount of \$ _____ made out to Franklin Square Management for the above items.

- ☐ Please send all documents to: _____
- ☐ Documents will be picked up at the office. Please call when ready. Phone #: _____

The following fees are payable to **The Condominium Association**:

- ☐ Condominium Monthly Fees Amount = \$ _____
- ☐ Other Fees: Fee _____ Amount = \$ _____
Fee _____ Amount = \$ _____
- ☐ Check # _____ payable to the Association Total = \$ _____

Turnaround time for completion of your request is 10 business days from the date of receipt of the signed forms and full payment of the information ordered.

Required Information: (missing information may result in document delivery delay)

Today's Date: _____ Estimated Closing Date: _____ ☐ Refinance
Unit # & Address: _____
Owners Full Names: _____ Email: _____
Day Phone: _____ Cell: _____ Home: _____
Billing Address: _____

Certificate of Insurance (new information is required)

Mortgage Bank: _____ Loan #: _____ Phone #: _____
Bank Address: _____
Closing Attorney: _____ Phone #: _____
Broker's Name & Phone: _____ Email: _____

Other Authorized Agents & Phone #s: _____

The undersigned Owner(s) hereby authorize Franklin Square Management (FSM) to release information in all matters concerning the unit and the association, including pending litigation (if any). Information in reference to this transaction is being provided by FSM in its capacity as Agent for the Association or Trust, to the best of its knowledge and belief. Information is gathered from sources deemed to be reliable, however, FSM does not warrant or guarantee the accuracy of the information and you are urged to verify this information through other sources. We agree to pay Franklin Square Management the total amount due for the items requested. We further agree to pay a minimum of \$250.00 in collection costs should FSM be required to pursue collection action for payment or ordered information.

Unit Owner Signature _____ Unit Owner Signature _____
Printed Name _____ Printed Name _____
Date _____ Date _____