

Crowninshield Management Corporation

18 Crowninshield Street
Peabody, MA 01960
(978) 532-4800

Dear Unit Owner:

We have received your request regarding the refinance of your unit. We are prepared to assist you in this process. Our normal turn around time for completing your request is 6 to 10 business days from the date of receipt of the enclosed signed form and full payment for information ordered. Requests are processed in the order of the closing date, not necessarily in the order in which they are received.

Please read and complete the attached "Information Order Form". Upon receipt of your completed, signed form with the appropriate payment, we can begin to process the information requested and expedite your transaction. If you have any questions, please free to contact Crowninshield Management Corporation at 978-532-4800 extension 217.

Thank you,

Crowninshield Management Corporation

CROWNINSHIELD MANAGEMENT CORPORATION
INFORMATION ORDER FORM / CONDOMINIUM REFINANCE FORM

Property Name: _____ **Closing Date:** _____

Building Number: _____ **Unit Number:** _____

Please check off which document you are requesting:	Charges:	Rush Service Charge (3-5 business days):
<input type="checkbox"/> 6 (d) Certificate:	\$ 25.00	<input type="checkbox"/> 6 (d) Certificate: \$ 50.00
<input type="checkbox"/> Condominium Documents	\$ 25.00	<input type="checkbox"/> Condominium Documents \$ 50.00
<input type="checkbox"/> Questionnaire	\$ 25.00	<input type="checkbox"/> Questionnaire \$ 50.00

All requests must be accompanied by a check made payable to Crowninshield Management Corporation. All requests, with payment, should be sent to:

CROWNINSHIELD MANAGEMENT CORPORATION
18 CROWNINSHIELD STREET
PEABODY, MA 01960

(The following information must be supplied before a 6 (d) Certificate or Questionnaire can be issued.)

Unit Owner's Information

Unit Owner's Name: _____

Unit Owners Telephone Number: (_____) _____ - _____

New Mortgage Information:

Bank Name: _____

Bank Address: _____

Bank Telephone Number: (_____) _____ - _____

Completed Documents should be sent to: Will pick-up when ready. Call (_____) _____

The undersigned owner(s) hereby authorizes Crowninshield Management Corporation (CMC) 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 CMC, 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, CMC does not warrant or guarantee the accuracy of the information and you are urged to verify this information through other sources. **All documents requested will take 6 to 10 business days form the date of receipt to be issued.** We agree to pay CMC the total amount due for the items requested.

(SIGNATURE OF UNIT OWNER)

(PRINT NAME)

(DATE)

Accounts Receivable Information: *(Office Use Only)*

Unit Ref#: _____ **Account Balance:** _____ **ACH Account?** _____ **Late Type:** _____

Print Rent Bill: yes/no

1 CON M Start: _____

Amt\$: _____

2 _____ Start: _____

Stop: _____

Amt\$: _____

Payment Coupons:

Calendar Year

Fiscal Year