

**REQUEST FOR CONDO
QUESTIONNAIRE**

ASSOCIATION NAME _____

ADDRESS / UNIT # _____

SELLER _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME/CELL TELEPHONE _____

Request for a Condo Questionnaire to be completed must be accompanied with a check (for processing) of **\$100.00** made payable to: GOLD PROPERTY MANAGEMENT.

If you wish to pay by credit card, check here and an invoice will be emailed to you _____.

Allow five (5) business days for processing after the completed form has been returned to Gold Property Management.

Reprocessing fee is \$50.00 payable to Gold Property Management

For Management Company Only

All applicable portions of this form need to be completed in their entirety.

PAYMENT TYPE

FEE _____ DATE PAID ____/____/____ CASH /CHECK # _____ AMOUNT \$ _____

DATE QUESTIONNAIRE MAILED/HAND-DELIVERED/FAXED _____

APPROVED BY

Gold Property Management

CONDOMINIUM FEE _____ DATE PAID ____/____/____ CASH /CHECK # _____ AMOUNT \$ _____