## **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 *\$150.00* made payable to: <u>GOLD PROPERTY MANAGEMENT</u>.

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.

> Rush request of less than 48 hours the fee is \$200.00 Reprocessing fee is \$75.00 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 \$
	NAIRE MAILED/HAND-DELIV			
DATE QUESTION	NAIKE WAILED/ HAND-DELIV	EKED/FAAED		
			APPROVED BY	
				Gold Property Management
CONDOMINIU	M FEE DATE PAID	_//CC /CH	ECK #	AMOUNT \$
	1 Elm Square, Suite 1, A n d o v e r , M	A 01810 (978)78	3 - 3 4 3 5 <i>-</i> F a x ( 9 7 8 ) 8	324-9662