

SALE/REFINANCE INFORMATION ORDER FORM

I/We are ordering the information initialed below in connection with a sale and/or Refinance transaction of a condominium within COUNTRY ESTATES. The owner hereby authorizes THE TRUSTEES to release information in all matters concerning the TRUST, including pending litigation (with the approval of legal counsel).

I/We agree to pay COUNTRY ESTATES CONDO TRUST the total amount due for the items requested **in advance** of supplying the information. We will not release documents until check has cleared. Money Orders Made out to Country Estates Condo Trust are suggested. ***Please allow at least 10 business days for processing of documents.***

Initial Here	Price	Description
To Request		All pricing below has been increased by \$20. as of June 2020****
	\$55.00	6(d)only (\$500.00 lien issued if bin not empty & broom clean)
	\$55.00	(FNMA) Financing Bank Form Only
	\$195.00	Sales processing - The following are included: 6(d) form, bank form, complete set of documents and current budget
	\$95.00	Refinancing only: 6 (d) and (FNMA) Financing Bank Form
	\$15.00	Copy of Title V Certificate (charge is per building)
	\$25.00	Copy of Year End Financials
	\$95.00	<i>Complete</i> Set of Documents and Rules & Regulations
	\$55.00	Uniform Bank Questionnaire
	\$10.00	Furnish copy of Rules and Regulations (Includes handling and postage) <i>Resident Parking Sticker furnished upon signing of signature page</i>
	\$35.00	Express Mail Service (overnight)
	\$10.00	Furnish past three months meeting minutes
	\$10.00	Furnish copy of budget only
	\$45.00	RUSH 48 hour service

Must be filled out completely: 6d will not be issued without signature page signed/submitted with this form

Present Owners Name: _____

Property Address: _____ 5 Turnpike Road, Unit # _____ Townsend, MA. 01469

New Legal Owner: _____ to be owner occupied

Name & Address of Financial Institution: _____

If agent of owner: I have been authorized by the present unit owner to order the information initialed above for the property indicated and agree to the terms, conditions and charges.

Date: _____ Authorized Signature: _____

Phone: _____ Fax: _____ Name: Print _____

Projected Closing Date: _____ Telephone Number To Call for Closing Confirmation

Number: _____ Name of Contact Person: _____

Make Payable to and Mail to:

Country Estates Condo Trust, P.O. BOX 459, Townsend, MA. 01469

08/01/07 Questions? **Call 978-502-6800**