

**ARBORVIEW MANAGEMENT  
INFORMATION REQUEST FORM**

Date of Request: \_\_\_\_\_  
Property: \_\_\_\_\_  
Unit Owner(s): \_\_\_\_\_  
Address/ Unit: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

IT IS IMPORTANT TO INDICATE IF YOU ARE SELLING OR  
REFINANCING

- SELLING, Closing Date: \_\_\_\_\_  
 REFINANCING, Closing Date: \_\_\_\_\_

If Selling, Name & Current Address of Buyer(s):  
\_\_\_\_\_

Address and/or Fax where to send requested information:  
\_\_\_\_\_

**PLEASE CHECK THE ITEM(S) BEING REQUESTED**

<u>LIST OF SERVICES</u>	<u>FEE</u>
<input type="checkbox"/> <b>6D Certificates</b>	\$65.00
<input type="checkbox"/> <b>Rush – 48 Hour Service</b>	\$25.00
<input type="checkbox"/> <b>Condominium Documents</b>	\$25.00
<input type="checkbox"/> <b>Audited/ Reviewed Year-End Financial Statements</b>	\$25.00
<input type="checkbox"/> <b>Monthly Financial Statements</b>	\$25.00
<input type="checkbox"/> <b>Bank's Project Questionnaire</b>	\$25.00
<input type="checkbox"/> <b>Copy of Meeting Minutes</b>	\$25.00

**PLEASE NOTE: Requests will only be processed upon receipt of a completed request form and the appropriate fee. ( We do not accept credit cards)**

Please make checks payable to:  
Arborview Corp., 709 Centre St., Jamaica Plain, MA 01230 (617) 522.2421, Fax  
(617)522.9796