



Request for Community Association Information

Homeowner: _____ Association: _____

Property Address: _____ Unit/Lot: _____

Contact telephone number: _____ Expected Close of Escrow Date: _____

I, _____, (your name and company name) request a Questionnaire to be completed. I represent myself to be the authorized representative of the owner and I understand a fee of \$50.00 will be added to the owner's ledger. An invoice will be faxed with the completed questionnaire the same day the questionnaire is completed.

Payment options: (Make checks payable to WPI Real Estate)

- Money Order
- Cashiers Check
- Personal Check
- Escrow will handle payment

Future questionnaires will not be completed and/or returned to any entity with an outstanding balance.

Questionnaire will be: (please check one)

- Faxed to: _____ (fax number)
- Emailed to: _____ (email address)

I understand and agree to all the above terms and conditions.

Signature: _____ Date: _____

Form must be completed in its entirety in order to process requested information. Thank you.

PLEASE FAX COMPLETED FORM BACK TO OUR OFFICE AT 206-522-0725

FOR OFFICE USE ONLY:

- | | |
|-------------------------------------------------------|----------------------------------------------|
| 1. Accounting create invoice date: __/__/__ intl____ | 2. Add to ledger date: __/__/__ intl____ |
| 3. Invoice to requested party date: __/__/__ intl____ | 4. File in owner file date __/__/__ intl____ |