



Dear Unit Owner(s),

We received your request for documents related to the sale or refinance of your unit. Before we can release any information, you must complete and return the attached **Authorization Form** along with the required **payments**. Incomplete forms will not be processed. Be sure to include your **closing date**. If you don't have one yet, you must call our office with that information.

Accepted Payments:

- **Cashier's Check or Money Order** (made out to Empire Condominium Professionals)
- **Exact cash** (if dropping off in person)
- **No personal checks or Online payments** will not be accepted.
- **Final Condo fee payment** must be a cashiers check or money order, separate from the document request payment. Online and personal check payments will not be accepted

Fees:

- 6(d) Certificate **and** Standard Questionnaire: **\$250**
- 6(d) Certificate only: **\$100**
- Standard Questionnaire only: **\$150**
- Condo Docs, Financials, or Budget: **\$25 each**
- Admin Fee (added to all requests): **\$100**
- Rush Fee (if needed in less than 7 business days): **\$100**
 - **If a rush fee is paid documents will be received within 6 business days from when payment is received.**

Requests take 7–10 business days. Please do not ask for updates before 7 business days.

Questionnaires:

We use our own standard form. If a custom form is needed, the fee is **\$500**, and it may take up to **10 business days** (no rush option available).

6D Certificates:

Must be **picked up** or **mailed** (original required for closing). If you want it to be sent via FedEx/Express, provide a prepaid label and add **\$30**.

Final Condo Fee Payment:

Must be a **Money Order or Certified Check**. No cash, online, or personal check payments will be accepted.

Important Tips:

- Speak with your attorney, realtor, or account rep before submitting the form.
- Only one contact person should handle the request.
- Duplicate requests are non-refundable.
- Contact the insurance agent directly for the Master Certificate of Insurance.

Mail or drop off all documents/payments to:

33 Lyman Street, Suite 210

Westborough, MA 01581

Phone: 508-898-3431

Fax: 508-616-4410

www.EmpireCondoProfessionals.com

Email: DocumentRequests@empiremgnt.com

PLEASE READ THE COVER LETTER BEFORE COMPLETING BELOW INFORMATION

Authorization Form

Incomplete Authorization Forms WILL NOT BE PROCESSED. Highlighted fields must be complete.

Proposed Closing Date: _____

Sale or Refinance (Circle One)

If sale, all sections marked "sale only" MUST be completed

Current Unit Owner Name(s): _____

Unit Address: _____

Current Owner(s) Forwarding Address (sale only): _____

New Unit Owners Name(s) (sale only): _____

New Owner(s) Mailing Address (sale only; used after closing to send welcome information): _____

New Owner(s) Phone (sale only): _____ **New Owner(s) Email (sale only):** _____

Selling Price (For Right of First Refusal Only): _____

IF YOU HAVE AUTOMATIC PAYMENTS SET UP THROUGH OUR OFFICE PLEASE CHECK THIS BOX ☐

If you have an automatic payment setup via PayLease (association website) or your bank, please cancel it directly.

Authorized Contact Information: This person will receive all requested information. Information will not be released to any other party. (**Please select only one contact person**).

If you would like to pick up the 6D Certificate or Right of First Refusal please check here (if left unchecked documents will be mailed): ☐

Contact Name & Title: _____

Contact Company/Firm: _____

Contact Mailing Address: _____

Contact Phone: _____ **Contact Email:** _____

Requested Information/Documentation: (Please check all documents required)

Condos Docs: ☐ _____ Standard Questionnaire: ☐ _____ Current Budget: ☐ _____ 6(d) Certificate: ☐ _____
(Certificate of no unpaid common expenses)
Financial Documents: ☐ _____ Rush: ☐ _____ Outside Party Questionnaire: ☐ _____ Right of First Refusal: ☐ _____
(If applicable)

By signing below, I hereby authorize Empire Condominium Professionals to release information/documentation in regards to the sale/refinance of my property to the above mentioned individual who I have designated as my contact. I understand that no information will be released until said fees and authorization form are received by Empire Condominium Professionals. Payment for the requested documents can be submitted by the buyer and/or seller and must be included with a completed copy of this form.

Current Owner Signature: _____ **Date:** _____

FOR ADMIN USE ONLY

Received: _____ **Payment:** _____ **Method:** _____

DOCUMENT ORDER REQUEST FORM

Please use the table provided below to calculate your total costs. All sales are final when requesting documents for the sale or refinance of your Condominium. No refunds or credits will be issued if total amount exceeds what is requested on this form.
Thank you.

Name: _____

Sale ☐ or Refinance ☐ Estimated Closing Date: _____

Address: _____ Account No. _____ Association Name _____

Email _____

Phone Number _____

| Documents Requested | Line-Item Total price |
|---------------------|-----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| Administration Fee | \$100.00 |

Total Price _____