BARRINGTON MANAGEMENT CO., INC

376 Massachusetts Avenue, Arlington, MA 02474 (781) 648-9600 Voice (781) 648-9601 Facsimile

INFORMATION ORDER FORM FOR SALE OR REFINANCE OF UNIT

ALL INFORMATION MUST BE COMPLETED IN FULL IN ORDER TO PROCESS REQUESTS

TODAY'S DATE: ASSOCIATION N	JAME:				
UNIT NUMBER / UNIT ADDRESS:					
	UNIT SALE: UNIT REFINANCE:				
MAILING ADDRESS:					
Home () Work ()	Mohile ()	Email:		
PERSON AUTHORIZED TO ACT ON MY BEHALF: _					
PERSON AUTHORIZED TO ACT ON MY BEHALF: _ ESTIMATED CLOSING DATE:	Bl	JYER WILL R	ESIDE IN UNIT:	YES:	NO
DOCUMENTATION TO BE SENT TO:					
Email address:					
Mailing Address:					
BUYER(S) NAME:					
BUYER(S) MAILING ADDRESS:					
Home () Work ()	Mobile ()	Email:		
BUYER(S) MAILING ADDRESS: Home () Work ()_ MOVE IN DATE// 15 . Unit	sold for \$				
MORTGAGE COMPANY OR LENDER'S NAME:					
MORTGAGE /LENDER MAILING ADDRESS:					_
MORTGAGE/LENDER MAILING ADDRESS: BUSINESS () FAX ()		 ail·			
DOSINESS (TAX (
Please note, that the Association's Legal Counsel charges a fee Affidavits.	of \$250.00 for re	viewing Lending	Institution Mortgag	ge Question	nnaires /Lender
3rd PARTY MORTGAGE QUESTIONNAIRE/HOMEOWNERS ASSO 3rd PARTY MORTGAGE QUESTIONNAIRE (If Legal Counsel is not (This is to be determined by management)		CATION:	\$250.00 \$100.00		
PLEASE MAKE YOUR CHECK PAYABLE T	TO THE ASSOCIAT	ION REFERENCE	D ABOVE IN SECTIO	N #2.	
\$175.00 FOR SALE/TRANSFER OR REFINANCE OF UNIT PA (Package includes the production of a notarized 6(d) certificate, and completing necessary procedures related to outlined below.)	ficate, providing	forms for the I	bank, coordinating	-	•
DOCUMENTS REQUESTED: (Documents may be ordered individ	lually at the price	outlined below	υ)		
6-D CERTIFICATE					
MANAGING AGENT MORTGAGE QUESTIONNAIRE (I INSURANCE CERTIFICATE	Homeowners Ass	ociation Certific	ation)	\$50.00	
CONDOMINIUM DOCUMENTS (Master Deed, Declar	ration of Trust, Ru	les & Regulation	ns)	\$50.00	
AUDITED YEAR END FINANCIAL STATEMENTS (if avai	ilable)			\$25.00	
MONTHLY FINANCIAL STATEMENT (Un-audited) CURRENT OPERATING BUDGET					
COPY OF MEETING MINUTES, PAST THREE MONTHS	(if available)				
MISCELLANEOUS DOCUMENTS (Call for pricing)	,				
RUSH SERVICE (Within 48 hours)				\$50.00	
PLEASE MAKE YOUR CHECK PAYABLE TO "BARRINGTON MA	ANAGEMENT CO.	, INC."		TOTAL:	
The undersigned owner(s) hereby authorize Barrington Management (including pending litigation (if any). Information in reference to this trend the best of its knowledge and belief. Information is gathered from southe information and you are urged to verify this information through of further agree to pay a minimum of \$250.00 in collection costs should B	ransaction is being purces deemed to be other sources. We a	rovided by BMC, i reliable, however gree to pay BMC	in its capacity as Agen r, BMC does not warra the total amount due	it for the Ass int, or guarai for the item	ociation or Trust, to ntee the accuracy of s requested. We

UNIT OWNER SIGNATURE: ______ PRINT NAME: _____ DATE: ____/_

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