

The Lundgren Management Group, Inc.

121 Captain's Row
Chelsea, MA 02150

(617) 887-3333
Fax (617) 887-3330

Dear Unit Owner:

By completing this form you are requesting a 6(d) certificate for the sale or refinance of your unit. We are prepared to assist you in this process. Our normal turn around time for completing these requests is ten business days from the date we receive the attached, signed request form and full payment for the documents and services requested.

Modifications to this form cannot be accepted and may delay the processing of your request.

Please complete all applicable fields below. We will begin to process your request upon receipt of your completed and signed form along with the appropriate payments.

Thank you!

The Lundgren Management Group, Inc.

6(d) Certificate Order Form

Payment for documents and services must be made by check payable to
The Lundgren Management Group, Inc. Cash and credit cards not accepted.
Outstanding condominium charges must be paid with cleared funds without exception.

Check One: <input type="checkbox"/> SALE <input type="checkbox"/> REFINANCE	
Condo Association Name:	Closing Date (required):
Street Address:	Unit Number:

Seller/Current Owner Information

Unit Owner Name(s):	
Forwarding Address (if applicable):	
Email Address:	
Phone Number:	
Sales Price:	
Storage Unit (if any):	Parking Space(s) (if any):
Person Authorized to Act on Owner(s)' Behalf:	Phone Number for Authorized Agent:

Buyer Information (if certificate is requested for a sale)

Buyer Name(s):		
Mailing Address (if blank, mail will go to condominium unit):		
Email Address:		
Phone Number (1):	Phone Number (2):	Phone Number (3):

Yes, I would like to request an insurance certificate at this time.

Lender/Bank Information (if requesting Insurance Certificate)

Lender's/Bank's Name as it is to appear on certificate (For a sale, "Lender" refers to the Buyer's Lender.):
Lender's/Bank's Address:
Loan Number:

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Please check one box below:

- \$90.00 6(d) Certificate for Sale of Unit
- \$60.00 6(d) Certificate for Refinance of Unit

If closing will take place in nine business days or less, Rush Processing is required:

- \$50.00 Rush Processing (ALL payments must be made in cleared funds, i.e. no personal checks.)

Please select a delivery method:

- No Charge In-Person Pickup (Proper ID Required)
- No Charge Standard USPS Service
- \$30.00 Express Mail Service

To whom should the requested documents be released or mailed? Please include address for mail service.

Name(s):
Address:

For sale transactions, fill in the blanks with the condominium unit number and condominium name.

The undersigned unit owner(s) hereby authorize(s) The Lundgren Management Group, Inc. (LMG) to release information in all matters concerning the unit and the association or trust, including pending litigation, if any. Information in reference to this transaction is being provided by LMG, in its capacity as Agent for the Association or Trust, to the best of its knowledge and belief; information is gathered from sources deemed to be reliable; however LMG does not warrant or guarantee the accuracy of the information and you are urged to verify this information through other sources. The undersigned agree to pay LMG the total amount due for items requested and further agree to pay a minimum of \$250.00 in collection costs should LMG be required to pursue collection action for payment of requested information. The undersigned hereby certify that I/we am/are the owner of record of the above noted unit, unit _____ at _____ Condominium.

In consideration for LMG releasing such information as described above, the undersigned hereby remise, release and forever discharge The Lundgren Management Group, Inc. and _____ Condominium, their agents and employees and agree to defend and hold harmless, from any and all liabilities and claims arising from the provision of (or failure to provide) any information to any person, including without limitation the buyer, buyer's attorney, the buyer's spouse, or any broker or lender, whether before or after signing this Agreement. This Agreement shall take effect as a sealed instrument.

Witness (required for sale transactions/notary not required):

By:

By:

Signature of Witness

Signature of Unit Owner

By:

By:

Print Name of Unit Owner Signing Above

Signature of Witness

Signature of Unit Owner

Print Name of Unit Owner Signing Above

Signatures of witnesses are only required for sale transactions
All transactions require unit owner(s) signature(s).

Unit Owner(s) signature(s) required for all requests.