

# First Property Management

1046 Main Street, #11  
Osterville, MA 02655

Telephone: 508-420-0299  
Fax: 508-420-0789  
Email: [fpm@intercape.com](mailto:fpm@intercape.com)

## **Request for Condominium Documents from Realtor** **Buyer/Seller Information for First Property Management**

Requests for documents will be processed within 10 business days unless rush service is requested. Payment is required in order to release documents. Please **do not** request a 6(d) (certificate of no assessment due) unless the owners association dues are paid through the month, quarter or year in which they are closing, whichever is applicable.

Please provide a completed, typed or printed request for documents.

Property \_\_\_\_\_ Closing date \_\_\_\_\_

Unit owner \_\_\_\_\_ Unit number \_\_\_\_\_

Mailing address \_\_\_\_\_  
\_\_\_\_\_

Buyer's name \_\_\_\_\_

Buyer's address after closing \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Buyers phone after closing(\_\_\_\_) \_\_\_\_\_

Fax(\_\_\_\_) \_\_\_\_\_

Broker name and Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_

Attorney's Name and Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_

Sales price \_\_\_\_\_

The Monthly Assessment for Unit \_\_\_\_\_ is \_\_\_\_\_.

\_\_\_\_\_ is due and payable on this unit.

There is a special assessment of \_\_\_\_\_ due on \_\_\_\_\_.

Documents requested:	Check	Cost
Certificate of no assessment due 6(d).	_____	\$40.00
Septic Report	_____	\$25.00
Water Report (If applicable)	_____	\$15.00
Budget	_____	\$25.00
Condominium Documents	_____	\$50.00
Rush Service	_____	\$25.00
Total	_____	

Please enclose a check made payable to First Property Management, Inc.

The undersigned owner authorizes First Property Management, Inc. to release information in all matters concerning the unit and association. Information is deemed reliable however First Property Management does not warrant or guarantee its accuracy. The undersigned agrees to pay First Property Management the total amount due for requested items.

Signature \_\_\_\_\_ Date \_\_\_\_\_