

Management Realty Partners
 2704 Grand Avenue
 Waukegan, IL 60085
 847-244-0100 Fax 847-336-6606

Although State law allows thirty (30) days for the processing of this information, normal processing occurs within 5 business days once COMPLETED PACKET * is received. Services provided within 3 business days are considered PRIORITY and are billed at a premium rate. Any documents requested for the NEX BUSINESS DAY will be billed at an EXPRESS rate. For any requests received after 2:00 p.m. the processing time will begin with the next business day. If the association has the RIGHT OF FIRST REFUSAL, the processing of the documents is dependent upon the Board of Directors, priority and express not available. These charges are for the liability the letters carry as well as the preparation of the information.

PLEASE CHECK THE ITEMS; CIRCLE THE DESIRED FEE-STRUCTURE AND FILL IN THE TOTAL AMOUNT (\$).

Check Information Needed:	FEE-STRUCTURE			TOTAL
	EXPRESS (Next Day)	PRIORITY (3 days)	NORMAL (5days)	
_____ Association Budget	N/C	N/C	N/C	
_____ Association Financial Statement	N/C	N/C	N/C	
_____ Association Declarations & Bylaws (Seller should already have these documents)	\$50	\$35	\$25	\$_____
_____ Association Rules & Regulations (Seller should already have these documents)	\$50	\$35	\$25	\$_____
_____ Paid Assessment Letter (For sale of property, Right of First Refusal waiver)	\$150	\$100	\$75	\$_____
_____ Paid Assmt. Letter (For REFINANCING of home or Home Equity Loan)	\$150	\$100	\$75	\$_____
_____ Certificate of Insurance-Contact MRP 847-244-0100 for the Association's carrier and number				
_____ Other (Be Specific)				
_____ Condominium Questionnaire/Certification letter/Check list/Eligibility letter \$100 (Questionnaire must be with our two-page form or request will not be processed!)		\$50	\$25	\$_____
			TOTAL FEES	\$_____

PAYMENT MUST BE RECEIVED PRIOR TO PROCESSING REQUEST

Signature of Person requesting information: _____

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ATTN: CLOSING DEPARTMENT

The person requesting the information (attorney, title company, mortgage firm, etc.) should complete the following information and return to the closing department at *Management Realty Partners*. This information must be completed and returned with payment **PRIOR** to any information being processed. All requests must be made using this format. Information will **NOT** be processed from verbal requests. *****PLEASE PRINT OR TYPE THE INFORMATION. ALL SECTIONS MUST BE COMPLETED**

Today's Date _____ Closing Date (Assessment must be paid for month closing in) _____

Requestor's Name _____ Company Name _____

Primary Contact Person _____ Phone # _____ Fax # _____

Homeowner(s)/Seller(s) Name _____ Phone # _____

Property/Homeowner Address _____

Name of Property/Association _____

Buyer(s) Name _____ Phone # _____

Buyer(s) Current Address _____

INDICATE IN WHAT FORMAT YOU WOULD LIKE TO RECEIVE THE INFORMATION:

FAX Fax Number and Name (Dec/Bylaws and rules can not be faxed) _____

MAIL Indicate address _____

UPS UPS shipping # to be charged or FED EX shipping # to be charged _____

Other Please specify _____

MUST RETURN BOTH PAGES!!!!!!!