



AROUND THE CLOCK, INC. CRMC®

a certified residential management company

716 West Meeker St., Suite 101, Kent, WA 98032 Office: 253-852-3000 Fax: 253-852-1417
 Website: www.aroundtheclockinc.com E-mail: info@aroundtheclockinc.com

REQUEST FOR CONDOMINIUM QUESTIONNAIRE

I request that Around the Clock, Inc. CRMC®, managing agent for the condominium owner's association named below, provide a Condominium Questionnaire requested by the lender for this transaction. The Condominium Questionnaire is a form that is requesting information already provided on the Resale Certificate that has been given to the seller and constitutes the duplication of information requested on the Resale Certificate (RCW 64.34.425(2)). I acknowledge that the Association, or its agent, is permitted three (3) business days from **receipt of written request AND payment** in which to provide the Certificate (RCW 64.34.425(2)), unless expedited fee is paid.

I understand that production will not begin until Around the Clock, Inc. CRMC® has received **written request AND payment**. I also understand that the Certificate will only be released pursuant to the instructions detailed below and that I, as owner, must sign the Certificate below before it is passed on.

Description of Unit (PLEASE TYPE OR PRINT)

Condominium Name: _____
 Unit Owner Name: _____
 Street Address: _____
 City, State: _____ Unit #: _____

This request is made by:

 Printed Name (W) _____ (H) _____
 Telephone Numbers

 Signature Date: _____

Payment Options:

- Enclosed is a check for \$150.00 made payable to Around the Clock, Inc. CRMC® for preparing the Condominium Questionnaire and Exhibits. I understand that there is a fee of \$150.00 for each additional Condominium Questionnaire. **I further understand that the Condominium Questionnaire will be completed within three (3) business days of receipt of the full payment, and this written request form and the questionnaire form at Around the Clock, Inc. CRMC®.**
- Because time is of the essence in this matter, I require an expedited preparation of the Condominium Questionnaire at a fee of \$225.00. **The Condominium Questionnaire will be completed within 16 business hours of receipt of the full payment and this written request form at Around the Clock, Inc. CRMC®.**

Delivery Instructions (check one):

I will pick up the Condominium Questionnaire. Please contact me once it is available.

Please fax the Condominium Questionnaire to the following fax number:

Attention: _____

Fax: _____

Please mail the Condominium Questionnaire to the following address:

Please E-mail the Condo Questionnaire to: _____

This request is made of:

Around the Clock, Inc. CRMC®
716 West Meeker St., Suite 101
Kent, WA 98032

253-852-3000 Phone
253-852-1417 Fax
www.aroundtheclockinc.com

For Office Use Only: Form Received Payment Received

Received by: _____ (circle one) E-mail/Fax/Mail/Other

Date/Time Packet Received: _____ Amount: \$ _____

Prepped by: _____ Date/Time Completed: _____

Completed by: _____ Date/Time Completed: _____

SIGNATURE OF PERSON ACCEPTING COMPLETED CONDOMINIUM QUESTIONNAIRE:

Received by (signature upon receipt): _____ Date: _____

SIGNATURE OF AROUND THE CLOCK, INC. CRMC® EMPLOYEE RELEASING COMPLETED CONDOMINIUM QUESTIONNAIRE:

Released / Mailed / Faxed (circle one) by: _____ Date: _____